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HUMAN DEVELOPMENT

The Jesuit Educational
Center for Human Development

Ritual in Community Life

Wise Consultation by Leaders

Pastoral Care of Dependent Persons

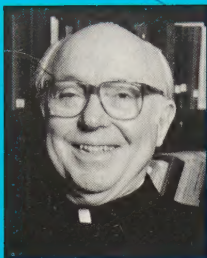
Parishes as Victims of Abuse

Caring for Family Elders

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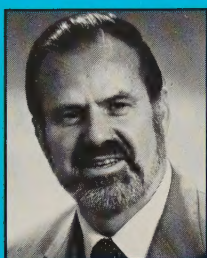
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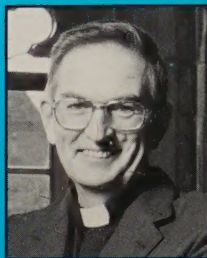
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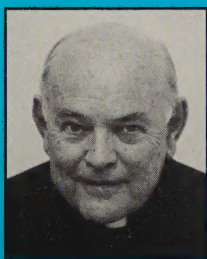
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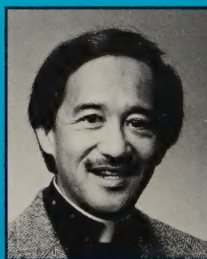
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The quarterly journal HUMAN DEVELOPMENT (ISSN 0197-3096) is published by the Jesuit Educational Center for Human Development, The Institute of Living, 400 Washington St., Hartford, CT 06106. This is a nonprofit organization established to be of service to persons involved in religious leadership and formation, spiritual direction, pastoral care, and education. Subscription rate: United States and Canada, \$20.00; all other countries, \$27.00. Single copies: United States and Canada, \$7.00; all other countries, \$8.00. Second-class postage paid in Hartford, CT, and additional mailing offices. Postmaster: Send 3579 to HUMAN DEVELOPMENT, P.O. Box 3000, Dept. HD, Denville, NJ 07834. Copyright 1993 by HUMAN DEVELOPMENT. All rights reserved. No part of this publication may be reproduced or transmitted in any form or by any means, electronic or mechanical, including photocopy, recording, or any information storage and retrieval system, without permission in writing from the publisher.

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Letters to the editor and all other correspondence may be sent to HUMAN DEVELOPMENT, The Institute of Living, 400 Washington St., Hartford, CT 06106. Phone: (203) 241-8041. FAX: (203) 241-8042.

HUMAN DEVELOPMENT is a quarterly journal designed especially for persons involved in religious leadership and formation, pastoral care, spiritual direction, and education. Adult readers seriously concerned about personal growth for themselves or others will find its articles perennially helpful. The journal's authors are experienced and up-to-date in the fields of psychology, psychiatry, medicine, organizational development, and spirituality.



HUMAN DEVELOPMENT

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Authors are responsible for the completeness and accuracy of proper names in both text and bibliography. Acknowledgments must be given when substantial material is quoted from other publications. Provide names of author(s), title of article, title of journal or book, volume number, page(s), month and year, and publisher's permission to use material.

Illustrations, if any, should be submitted as high-quality, glossy, unmounted black and white photographic prints. Do not send original artwork.

Letters are welcome and will be published as space permits and at the discretion of the editors. Such communications should not exceed 600 words and are subject to editing.

Book reviews, which should not exceed 600 words in length, should be sent to the Book Review Editor, Jon O'Brien, S.J., D.O., Jesuit Community, Georgetown University, Washington, D.C. 20057.

Unaccepted manuscripts will not be returned unless requested and submitted with a stamped, self-addressed return envelope.

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EDITOR'S PAGE

CHOICES LEADING TO BETHLEHEM

A few weeks ago, when all the TV channels were showing the devastating effects of the Southern California fires, I found myself wondering how I would be reacting if I were living there and had to watch my home go up in flames. Thousands of people went through that horrible experience and reported that their emotional responses ranged all the way from numbness to sadness to rage. I tried, but found it impossible, to vividly image myself as a next-door neighbor of theirs, losing to the fire every material thing I had ever treasured and sharing their unspeakable grief. I asked myself whether I would be one of the angry and resentful ones, or one of the sad and weeping, or one of the few who were stoically detached. But I figured there was no use guessing about that; the truth was that I was not there, and consequently I couldn't possibly be certain about what my emotional reaction would be in those tragic circumstances.

Speculating about what I could have experienced but in fact didn't—a mode of thinking that often stirs up gratitude—brought to mind a concept I have always found fascinating. The term for it is *futurible*. What the word connotes, theologians tell me, is that when a person makes a choice between two alternative courses of action and certain consequences result from that action, the effects that would have followed from the action *not* taken are clearly known by God. For example, theologians cite a passage in Saint Matthew's gospel showing that the God-man, Jesus, had definite knowledge of what would have resulted if he had chosen to perform miracles in places where he decided not to

do so. It reads: "He began to reproach the towns where most of his miracles had been worked because they refused to repent. 'Alas for you, Chorazin! Alas for you, Bethsaida!' [Now comes his knowledge of the futurible.] 'For if the miracles done in you had been done in Tyre and Sidon, they would have repented long ago in sackcloth and ashes.'" In other words, the Lord knew with certitude what would surely have resulted if he had chosen a course of action opposed to what he actually decided to do.

So what has this unusual theological concept got to do with the current season of Christmas? Why talk about futuribles when it's time to contemplate images of Bethlehem and let our hearts respond to the Holy Family, shepherds, angels, magi, and the star?

I think it would be salutary for us all, especially during this most joyful of seasons, to meditate upon the decision God chose to make that brought about Jesus' birth, life, redemptive mission, and all the good things that have come into our lives as a result of our Savior's dwelling among us. Just think about the gift of faith given to us through his teachings and example; the availability of forgiveness of our sins through his sufferings; the church and the sacraments that he gave us; the Trinity establishing its residence within our souls; our adoption as God's children through grace; and the place God is right now saving for us in heaven. Think, too, about the eternity of happiness promised to us there, thanks to the incarnation of God and the inestimable price Jesus paid through his sufferings and death, in order to purchase our salvation for us.

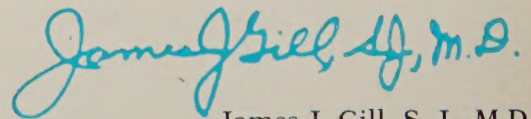
But what if God had decided *not* to come and live, teach, suffer, die, and arise among us and for us? What would our lives and deaths be like if they lacked the faith, hope, and love that the Child born in Bethlehem made possible for us? How selfish,

brutal, licentious, depraved, and hopeless would our existence be now if God had chosen not to send us the Redeemer? We would do well this season to try imagining the corrupt, futurable world that God contemplated and then prevented by deciding to send Jesus, God's only begotten Son, into our world and our lives. The more clearly we picture how terrible life, death, and eternity would have been for us all without the coming of the Prince of Peace, the more grateful and full of love our hearts are certain to be on this Christmas Day and through all the days of our lives.

And looking at the Virgin Mother, whether she is kneeling in the crib that we visit in church or pictured on the cards we receive from loved ones, it would be only fair to her, and good for ourselves, to remember that she too made a choice. Without knowing what awful consequences would have fallen upon the world if she had said no to the invitation Gabriel brought to her (in other words, the futurable), Mary said yes at Nazareth, thus initiating the wondrous events at Bethlehem that

our hearts hold so dear and making possible all the priceless blessings her Son has brought into our lives. Mary's faith in God and trust in God's love motivated her history-transforming response; the result is this glorious season we are now celebrating, and the eternity of happiness for us that it foretells. These are Mary's Christmas gifts to us, as well as God's.

May our gratitude, love, and praise this Christmas season echo the caroling of the angels and perpetuate the brightness of Bethlehem's star, to help guide our searching brothers and sisters from all over the world to find the Christ Child, as the magi did, so that all of us together can join our hearts in gratefully adoring him—now on earth, and in heaven for all eternity.



James J. Gill, S. J., M.D.
Editor-in-Chief

*The editors, staff, and editorial board of HUMAN DEVELOPMENT wish
all our readers, writers, and benefactors a Christmas season
and a New Year filled with the peace and joy, love
and hopefulness that God alone can give.*

LETTERS TO THE EDITOR

To the Editor:

As a ten-year veteran of a church-related treatment center, I read with great interest the article "Choosing a Treatment Center" (HUMAN DEVELOPMENT, Fall 1992) by Father Canice Connors. On the basis of my own personal experience, the rise and fall of many church-related treatment centers, and recent research into areas of addiction, I would pose three additional questions that need to be considered within this discussion:

1. *Are separate specialized treatment centers, one for clergy and male religious and one for female religious, a necessity for the nineties and beyond?*

I see this as a major issue, particularly for treatment centers that advertise such services for women religious but whose female clientele represents less than 10 percent of their resident population. In such male-dominated centers there is less than adequate space, staff trained in the feminine personality/development, and/or resources to meet the actual treatment or aftercare needs of female clients. In addition, I find it troubling that Father Connors failed to mention Emmaus House in New Jersey, the "center of choice" for many women religious in the United States and Canada, among his list of representative treatment centers. This program has proven to be very cost-effective, female-oriented, and Christian-centered.

2. *How specialized are the present specialized treatment centers?*

If a church-related center is primarily staffed for, and focused on, specific kinds of problems (e.g., pedophilia and/or other sex-related disorders), this information needs to be made known up front. When you are female (less than 10 percent of the resident population) and an alcoholic (less than 10 percent of the resident population), the treatment program, group emphasis, and educational sessions may appear to be less than adequate for your needs in a center that focuses primarily on other disorders. I believe that it would be more effective

to treat the alcoholic, the pedophile, and the depressed individual in separate treatment centers, where the question of church-related or non-church-related facilities becomes secondary to adequate treatment and follow-up.

3. *How important are attitude, "readiness," and support to the recovery process?*

In the four months that I was recovering in a church-related treatment center, less than 15 percent of the clientele came of their own volition. Most, particularly the pedophiles, were forced to come, with the expectation that treatment would result in reduced sentences, deflect negative media attention, and prevent future lawsuits. Many were then left by their bishop and fellow priests or religious to fend for themselves. Similarly, many alcoholics were chased from their rectories or convents with less than Christian understanding and love. We need to be more proactive than reactive in our understanding of human beings. We need to encourage those in need to come forward knowing that they will receive the help, understanding, and support they so desperately need to heal. We need to really begin to live the words "Let him/her who is without fault cast the first stone."

—A Grateful Alcoholic
Canada

To the Editor:

Recently, I read your short explanation for establishing The Christian Institute for the Study of Human Sexuality in HUMAN DEVELOPMENT (Editor's Page, Spring 1993). I am pleased to hear you are going to get something started, and I wish you well.

I write to offer you a concern I have about the issue of helping people, especially seminarians and clergy, to deal with sexuality and celibacy. I became aware of this issue in attempting to help young men prepare for the celibate priesthood. I raised this issue at a meeting of the National

Organization of Continuing Education of Catholic Clergy a few years ago when we were discussing psychosexual development.

My concern arises in the context of the psychosexual formation of seminarians. I do think that some formation centers have begun to talk about this and to help seminarians look at their psychosexual development in preparation for ordination. However, I see a significant problem surfacing if a seminarian sees himself called to priesthood and at the same time sees his sexuality developing in such a way that he wants to express it genitally and not commit himself to celibacy. In the present situation in the Catholic church, that individual is caught. If he wants to continue on to ordination, he needs to shut down, repress, suppress, deny the way he sees his sexuality developing. That is the problem behind requiring celibacy for ordination. Celibacy is not the issue; sexuality is.

Seminarians, in the situation as I described it, can choose to either leave and pursue a married life or remain and suppress their sexuality. My concern is that there is not sufficient freedom in the context of sexual development and ordination. I have no research to support my position—only the fact that many who have left the active ordained ministry say they would gladly return as married priests. I wonder if many of the clergy who have become sexually involved with women, men, or children are simply men who suppressed their sexuality as they were going through formation.

My comments are not meant to imply that celibacy is an unhealthy form of sexual expression for all. In fact, I think celibacy is a healthy form of sexual expression for those who freely choose it and have the personal makeup to live a celibate life, aided by the grace of God. However, as long as our church requires celibacy for all going through our seminaries, I think we will continue to have problems after ordination.

Another way of expressing my concern is to say that seminarians really are not free to deal with and discuss their psychosexual development openly with seminary officials. If there is any indication that a seminarian wants to express himself genitally, he is asked to leave the seminary. The seminarian and the seminary officials have no other choice, given the present legislation.

In your editorial you mentioned that no people

involved in formation had submitted manuscripts focusing on the issue of formation in sexuality. That does not surprise me. I would think that those who are dealing with the topic in a personal way would rather not get publicity, lest some church officials check into the program to make sure they are holding fast to the traditional moral teaching that all failings regarding sexuality are mortally sinful. I imagine this sounds cynical. I also think it is close to, if not exactly, the actual situation in our church.

—Louis Arceneaux, c.m.
Maryhill Renewal Center
Pineville, Louisiana

To the Editor:

In the Fall 1993 issue of HUMAN DEVELOPMENT, there is an article by Janicemarie K. Vinicky, entitled "A Code of Ethics for Spiritual Directors." I think it was a good article, and a timely one. However, I would like to raise two points for the author and for your staff.

First, I did not see a reference to Spiritual Directors International in the article. This professional organization has been in existence for about five years. Lately, it has been debating such issues as a code of ethics and licensing for spiritual directors. Are you and the author of the article aware of this organization?

Second, the Center of Sacred Psychology in Los Angeles has developed a code of ethics for spiritual directors. It is published by Dove Publications of Pecos, New Mexico. It might be good to make this known to your reading public.

—Leon J. Flaherty, C.P.P.S.
Columbus, Ohio

To the Editor:

I was surprised and pleased to read Dr. Cristantiello's article on "The Value of an Avocation" in the Summer 1993 issue of HUMAN DEVELOPMENT. I think his insights were unique and helpful. I had never read anything like it before. I had always thought of hobbies as a relative waste of time, but that article really made me rethink my position.

—Michael Christian
Brookline, Massachusetts

Wise Consultation by Leaders

George B. Wilson, S.J.

First, a true story: It was February and the spirits of the seminary faculty were flagging. The president decided they needed a lift. So he stopped by the office of each professor and asked, "What do you think of having a nice dinner for all the faculty on Washington's birthday?" Each one indicated that it was a good idea. When the day drew near, however, the president's secretary informed him that only six out of twenty-two professors had committed themselves to attend. The president was furious. "I consulted the faculty," he declared, "and they all approved of the idea!"

"Consulted the faculty"—a simple enough phrase, on the face of it. At the time I, one of the faculty members in the scenario, would probably have accepted the president's view of the situation and felt that his anger was justified. Surely, after reading about it, many leaders are reliving similar moments of exasperation. Why aren't people more responsible?

Today, after observing many different processes in a variety of organizations over the years, all of them called consultation, I am no longer so accepting of the president's point of view. The single term *consultation*, it turns out, can cover several quite different phenomena. Failure to be clear about the differences can have serious implications for the relationship between a leader and the body he or she is called to lead. The reflections that follow

apply equally to individual leaders and to leadership bodies. The focus is not on who plays the role of leader but on how the role is played.

Before we consider the two major models of consultation, it might help to note that there is one organizational situation we will not examine: that in which the model of consultative leadership itself is doomed to be ineffective because the members feel they should be empowered to participate in the actual closure of the decision and are willing to invest the time and energies required to achieve a participatory consensus as a body. If the body has a high investment in that level of ownership, any model in which they are merely consulted will cause disaffection and stress, even if the content of the leader's decision represents what the body of members would have decided anyway. This article focuses on systems in which the members broadly accept as appropriate and normative for their group a governance model that calls on leaders to consult members and then, when the consultation is completed, to bear the final responsibility for the choices made. Our concern is the consultation methods employed, not the suitability of the group's governance model in general.

Let's return to our disgruntled president. What did he do? And, more important, what are the ramifications of his approach? A closer look at the situation reveals two features that deserve analy-

Consultation is more productive when it begins with an open question rather than a proposed answer

sis. The first is his way of initiating the exchange with each faculty member; the second and more significant is the structuring of the interaction.

INITIATING THE EXCHANGE

The president began the process with the presentation of a concrete proposal to each member: "What do you think of having a nice dinner for all the faculty?" This approach puts the member at a power disadvantage, even if the personal relationship between the leader and the member is quite mature and healthy. It focuses the member's attention on a proposed solution that apparently enjoys some degree of ownership by the leader already, even before the member speaks. The interchange has been initiated in such a way that the member is implicitly expected to fit into the leader's framework, even if he or she decides to reject the leader's idea. It takes an extra investment of self for the member to initiate the proposal of an alternative resolution ("No, I don't think a dinner would work, but a more casual outing in the country could be very refreshing"). More likely, the member will go along with the trusted leader by assenting to the idea, even if he or she feels little real commitment to the proposal. And, as in our story, there is a distinct probability that the member won't follow through by making the actual time investment to carry out the proposal.

In initiating the consultation, the president would have been better advised to ask the faculty member how he or she would propose to alleviate the faculty's depression ("The faculty are really dragging; do you have any ideas on how we might lift people's spirits a bit before the Easter break?"). Consultation is more productive when it begins

with an open question rather than a proposed answer. This empowers the member to be a proposer rather than merely a responder. Implicitly, it affirms the creative potential of the member. And it creates a much greater likelihood that something genuinely new, not considered by the leader, might be injected into the deliberation. Of course, it is quite possible that that is precisely what the leader is unconsciously trying to prevent by occupying the open ground with his or her own proposal first. Human motivation is complex; leaders need to ask themselves whether their real agenda is to create member empowerment or to maintain control.

ONE-TO-ONE MODEL

More significant than the process of introducing the exploration, however, is the model by which consultation of the whole membership is structured. In other words, even if the leader starts with an open-ended question, there are still at least two alternative models of consultation to be reflected on.

The president in our story canvassed the faculty by talking with each member individually. This, incidentally, is the approach used by opinion pollsters: isolated individuals (who may or may not have any personal stake in the question put to them) are asked to register a response to the poll taker's question. The numbers are tallied up, and then we are told that "the consensus among people between 45 and 60 is that . . ." Yet in this model none of the members is related to any other participant in the consultation process. The call for input goes from the leader to each individual member, and the response returns to the leader. In effect, there is a series of dyadic interactions, "uncontaminated" by the ideas or feelings of anyone else in the system. The individual members may indeed talk among themselves afterward (and they surely will if the matter is important enough), but that conversation remains on the informal level organizationally; it has no formal or public legitimacy, as powerful as it may be in fact.

In this model the members are treated as atoms, as isolated quantities. We might even say that as far as this particular exercise is concerned, there is a sense in which their comembers have no genuine existence except in the mind of the leader, who is synthesizing (or, worse, merely tallying) the responses. There really is no social body in play; all transactions are individual-to-individual.

One effect of the one-to-one, leader-to-individual member model of consultation is that the responses will probably be focused almost exclusively on the question asked. The atomized individual may indeed give a genuine indication of his or her position on the question asked, but there is a low probability that he or she will initiate a serious exploration of other alternatives. Even more unlikely is a challenge to the leader's sense of the situation ("Do you

think maybe you're overreading the signals of ordinary tiredness?").

Another effect of the one-to-one model is that the individual member does not benefit from the exchange and is not challenged by hearing other members' ideas on the subject. We will return to this point as we consider another model for structuring consultation.

LEADER-GROUP MODEL

In the leader-group approach, the leader, instead of asking discrete individuals their views on a subject and then processing all the separate returns within his or her own mind, sets in motion an entirely different process and releases totally different energies by consulting the group as a group. In this model the members interact not merely with the leader but also with each other. They perform precisely as members, as organs of a body. Referring back to our story, one could say with some truth that the president never consulted the faculty; he consulted a collection of individuals. The whole, it has been said, is neither more than the parts nor less; it is a reality of a different order.

When people within the group engage one another, member-to-member, regarding matters of common concern, other significant things happen. Each of the members approaches the issue from a different personal base of experience, and thus brings different assumptions and different affective valences to the discussion.

The first major effect of the exchange of multiple questions, assumptions, feelings, interpretations, perspectives, and opinions—including ignorance or misinterpretations of facts, projections, unwarranted but real fears and anxieties, utopian expectations, and just plain stubbornness—is that participants in the exchange experience themselves as members. Their interweaving of psychic "stuff" reconstitutes the body, the family—who the members are, not merely what positions they hold.

The second result may be confusion or even chaos. Because people are coming from so many different places in the journey of the organization, what started out as a clear, perhaps even simple question can become an issue that is much less manageable—but potentially more promising if it can be brought to resolution. Of course, the lack of a clear answer while that is happening can be painful for the members, and absolutely unnerving for a leader with a low tolerance for ambiguity.

NO SCIENTIFIC CERTITUDE

All of this might help us be clearer about what we can and should be looking for in any consultative process. Presumably, the purpose of the whole exercise is to reach a solid foundation for human decision and action. Consultation is not an exercise

Human motivation is complex; leaders need to ask themselves whether their real agenda is to create member empowerment or to maintain control

in scientific abstraction, in which statistical reliability is the criterion for success. Rather, it is a search for wisdom, for the course of action that has the best hope of being a wise one. It is an effort of human beings, not calculators. Which means that the participants should consciously include all the rationality that can be brought to bear on the question, along with all the prerational psychic "stuff" mentioned earlier. The foundations for human commitment to action are deeply mysterious at best; to rely solely on conscious, cognitive clarity is surely a formula for dissociation.

This means that the proper function of consultation is to protect the leader from his or her shadow, from all those backstage powers and impulses that maneuver the scenery on the stages of our conscious minds, maintaining our illusions of objectivity.

The foundation for consulting the group as a group is the hope that the collective effort to communicate about the situation will challenge the individual shadows of everyone engaged in the search, not just those of the leader. All will hear things they would rather not hear and would be inclined to repress or deny; all will be confronted with affects they harbor but have never accepted in themselves. This is not to say we should hope to bring all that is in shadow into the light; that would be utopian, not incarnational, spirituality. We are not expected to be divine; becoming fully human is work enough.

IMPLICATIONS FOR LEADERSHIP

Is participatory consultation a prescription for mediocrity, for following the lowest common denominator? Not necessarily—although it would be

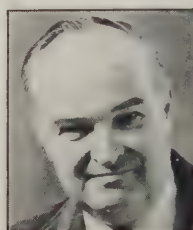
dishonest to pretend that it always avoids such pitfalls. Nevertheless, we should not conclude that the very concept is flawed and should be dropped. We might look to improve the specific methods used in conducting the inquiry, a subject that would take us far beyond the range of these reflections.

We might also remind ourselves of the role and burden of leadership, which frequently begin when the consultation concludes. Consultation, after all, ends by informing leaders what it is that members are prepared, without further stretching, to support. The genuine leadership questions come into focus only at that point: Now that I know with some reasonable degree of reliability just what directions the group members are ready to support at this time, how will I propose to stretch them beyond their present comfort zone, to ventures (or adventures) they would not otherwise be inclined to support wholeheartedly right now? What ideas should I throw out to get them ready for further changes down the road? What ideas would be too risky to share because they would immobilize the members with fear? What innovations would be so small that they would be received with a shrug?

This is the moment for leaders to spend some of the credit they have gained by respecting the dignity of the members and structuring a serious effort

at consultation. If the members have experienced the process as authentic, they will in turn be ready to let their leader lead. In fact, a profound instinct will make them feel genuine pride that their leader is putting a challenge before them and inviting them to choose responsibility for an even more daring future.

In the end, it's all about effecting the growth of human trust. I hope these reflections have shed some light on that goal, which all humans yearn to achieve. Trust building happens in a dialectical movement between a leader and the body being asked to follow. Members have the potential to offer great amounts of human trust—but only to leaders who have first taken the risk to trust the wisdom of the body. Power, like all manifestations of life, is gained only by first giving it away.



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Sleeping Pills Frequently Harmful

Most adults don't get enough sleep," reports Stuart Yudofsky, M.D., chairman of the Department of Psychiatry at Baylor University in Houston, Texas. Writing in the *Menninger Letter*, he surmises that the reason for this sleep shortage is that adults, like children, "hate to go to sleep because they're afraid they'll miss something."

Research, says Dr. Yudofsky, has shown that it is natural for people to sleep less as they grow older: "A typical 20-year-old falls asleep in eight minutes, spends 95 percent of the night asleep, slips into deep non-REM sleep [i.e., sleep with no rapid eye movement] for half an hour or more, and dreams for almost two hours during the night. Total sleep time—7-8 hours. A typical 80-year-old takes 18 minutes to fall asleep, and dreams for a little more than an hour. Total sleep time—about six hours, with only a few minutes, if any, in the deepest sleep stage."

Older people who have difficulty getting adequate sleep are likely to use sleeping pills, but this practice is discouraged by many physicians today. Not only do some sedating medications lead to physical and psychological dependence; they also cause potentially harmful side effects. Older persons who use them may wake up during the night in a state of confusion and then fall and injure themselves. "The ingredients in various pills may also cause complications in patients with high blood pressure, heart disease, and

other chronic medical conditions," warns Dr. Yudofsky.

"Insomnia," says the *Menninger Letter*, "may be a symptom of a more extensive psychiatric or medical disorder. Sleep disturbance is often associated with such conditions as depression, chronic anxiety, panic attacks, or obsessive-compulsive disorder." It is also frequently symptomatic of manic-depressive disorder, withdrawal from prescribed medications or illicit drugs, posttraumatic stress disorder, heavy caffeine intake, loss of a loved one, premenstrual syndrome, and schizophrenia or schizoaffective disorder.

Dr. Yudofsky says, "Residents of the United States take enough sleeping pills annually to put every American man, woman, and child to sleep for 200 hours. Nearly 30 million doses of sleep-producing medication, both prescription and over-the-counter, are taken every night." He observes that a typical sleeping medication will speed the onset of sleep by as much as 20 minutes, decrease the number of nighttime awakenings, and lengthen total sleep time. "But in the long run," notes Yudofsky, "people who take sleeping pills for more than a few days usually end up sleeping less and complaining more about their sleep problems." He adds that researchers believe that "50 percent of the persons who take sleeping pills for insomnia become worse as a result." An estimated 20 percent of all insomnia cases treated by physicians are found to be caused by withdrawal from sleep medications.

Ritual in Women's Community Life

Catherine M. Harmer, M.M.S., Ph.D.

A tantalizing topic that recurs constantly at meetings and chapters of religious congregations is that of community, usually discussed in terms of local communities and what is or is not working for them. Many articles and books on the subject have been written and read with enthusiasm, and still the questions remain. Whatever it is we think constitutes community, or whatever makes it good or bad, workable or not, seems to elude us, yet we continue to try to understand. The topic seems to surface most frequently in communities of women religious, but it is also of concern in men's communities. The enduring desire to explore the nature of community suggests that the concept is a central one. The core of the problem of understanding the concept may lie in its very definition.

Prior to Vatican II the term *community* was often used as a synonym for a whole congregation or province. The term *local community* was most often used to indicate a group of religious living and usually working together in one residence, institution, or parish. In some congregations the term used was *the common life*, a phrase that reflects the pre-Vatican reality. We did indeed live a common life, in the sense that we engaged in most activities together: prayer, meals, recreation, perhaps even work. Significantly, we were often together in silence—or, as in the case of recreation, in structured settings and activities.

One highly structured aspect of community ex-

perience consisted of the rituals we carried out together. In addition to normative prayers and spiritual exercises, which were mainly dictated in terms of both style and time, we had developed a number of other rituals over the years. Some of these had to do with the seasons, others with congregationally important feasts and anniversaries, and a few with national or ethnic feasts and holidays. Since most religious did not go out to the theater, movies, or concerts, we also created our own system of celebrations and entertainments related to special days.

CHANGING CONCEPT OF COMMUNITY

Today the term *community* seems to mean more, whether it is used in reference to a whole community or province or to a particular local group. It implies a quality of relationships, perhaps a level of intimacy, that in the past was not only absent but in some cases frowned upon. The relationships religious had outside of friendship were usually functional or work-related. In some times and places we experienced "good" community through good relationships and interactions, and often felt a spirit of camaraderie born of being together through both difficulties and joys. However, our focus was on the ministry rather than on the community aspect of religious life.

With renewal of both religious life and ministry,

many things have changed. The structured nature of local community life has changed drastically. Few things are done in common anymore—often, not even prayer or meals. The demands of ministry and the changed nature of much ministry have led to community living situations in which religious are engaged in diverse works on very different time schedules. In appropriately making mission central to religious life, we may have not only eliminated many restrictions; we may have also unintentionally eliminated the supports, one of which we call community.

COMMUNITY AMONG WOMEN

The rest of this article speaks to the question of religious community among women. This is not because I think men religious are not interested in the subject of community, but because I believe that some of the expectations of women religious, and thus some of their concerns, are different from those of their male counterparts. Perhaps a male religious could do the same kind of analysis for men's communities.

For women religious today and tomorrow, I think the way to come to a creative revitalization of the sense of community, which we continue to consider important in our lives, is to define several realities:

- what community is and is not, by its nature;
- what special elements women look for in terms of community, specifically those connected to relating and relationships;
- what constitutes a feminine mode of community; and
- the role of ritual and symbol in community.

NATURE OF COMMUNITY

Dictionaries give multiple definitions of community. The common theme of these definitions is that a community is a group of people who share some characteristic or belief. Thus, there are ethnic communities, political communities, and religious communities, to name a few. In this sense a religious congregation gathered around a common mission constitutes a community. In an ecclesial sense the church is the community of the faithful, of the disciples of Jesus, those united by their belief in him and his message. What one does not get from the word itself is the sense of intense and intimate living together that often characterizes community life for religious.

WHAT WOMEN LOOK FOR

For women, relationships are very important. Women have a sense of connectedness that perhaps comes out of their relationship to the earth, to life

itself, in the sense of bringing forth children (even for those who never have children themselves). The solitary woman is not the norm; we look for connectedness with others. For some women this need is fulfilled through marriage and children. For others it is fulfilled through working with and for others in a variety of ministries and careers. For these latter women it is not just carrying out their duties that is important; it is also the sense, derived from their work, of being related or connected to something. Nurturing the web of life, part of this connectedness, can take place in many ways. When women speak of community it is important for them to acknowledge that they are looking for relationships, interconnectedness, and intimacy.

FEMININE MODE OF COMMUNITY

The monastic life and its adaptations in apostolic congregations may be viewed as an essentially masculine rather than feminine mode of living in community. Monastic community living was designed as a highly structured, rational, and efficient manner of bringing people together to accomplish a goal (i.e., a mission). Silence during work ensured that the work got done with the least possible interference and fostered a contemplative attitude. Set work times and set ways of doing the work formalized roles and enhanced efficiency. Our current understanding of the differences in male and female psychology suggests that this mode of group organization and interaction is more characteristic of men than of women.

The nature of so much of women's work over the centuries called for a more intuitive approach, a different mode of organizing community behavior and efforts. This mode is not necessarily less efficient. The relatively recent phenomena of women moving into business and industry and men venturing into fuller participation in parenting have highlighted how men and women can adapt to each other's modes, although not without effort and conviction.

For generations women religious lived in local communities that functioned in structured and rational modes. Frequently, they lived a dual reality: the outward realities of their community life fit the masculine model, but women also observed another, more relational system connected to the special rituals they created.

On the one hand, renewal freed women religious to take a more personalized approach to life and to ministry. On the other hand, however, it moved them into the highly individualized mode more suited to men—a mode that lacked the supports women find essential. Thus, women were released from unrealistically structured uniformity, yet the supports needed to sustain them in that freedom were not in place. For women, relationships come out of caring, not out of policy or procedure; one

relates because one cares. In the structured relationships of the past, one could assume the presence of caring, even if it was not overt. Today the caring is too often not obviously present; in some cases it is very clearly absent.

In a feminine style of community the emphasis is less on doing things together and more on the relationality of caring, of understanding, of being willing to stay with the joy and with the pain. When women have been socialized out of this mode—and many in religious life were—they need to relearn it.

Much is said about the unreal expectations of some women religious regarding community living in the local setting. Their expectations *are* unreal when they assume that something will happen just because people are together under one roof, or because they say it is what they want or what they ought to work toward. For some women religious, the ruling concept is that all their physical and emotional needs will be met by the community of which they are a part, even when the individuals' reasons for being together may be related more to practicality, economy, or workplace than to a choice to be a community. With the increasing demands of ministry, elderly parents, and other groups and communities, the living group may be left with very little.

RITUAL AND SYMBOL

If it is true that what made for true community in the past was not structured activity but the parallel system of ritual and symbol that is so important in a woman's approach, then it is to the latter that religious may look with some hope of revitalizing community. Clearly, revitalization will not be accomplished by reestablishing rules and regulations about group prayer, meals, recreation, and the like. Such structure worked in the old order because religious congregations, and even local houses, were total institutions—that is, they were able to meet all their needs internally (although how well those needs were met might be debatable). Analysis of the parallel system of ritual and symbol that women religious used in the past may offer the keys to the revitalization of community.

Many communities had time-honored rituals that were quite distinct from those cited in books of rules. They had ways of celebrating feasts or holidays, including not just major ones such as Christmas and Easter but also special ones such as founders' days, patronal feasts, and personal feasts. Many groups had specific ways of marking special moments in the lives of their members. My own community did not usually celebrate birthdays, but always celebrated a member's 21st and 50th birthdays as significant milestones. Women religious today often celebrate the significant feasts with families, so the local house is generally empty

on Christmas, Easter, and Thanksgiving. A discussion of the significance of this return to family would take another whole article; in this context the trend serves to illustrate that a large block of time once spent together is now often spent away from the community.

In some communities the only time sisters see one another is at formal meetings or in the hallways as they enter or leave the house en route to their work. The house becomes a convenience rather than a place of communion. Often religious are too busy or too weary to pursue leisure activities together. In the past there was no option; recreation was always taken by all members together. A return to that is not likely, and perhaps not even advisable. But when we do not share any of the important moments or the fun moments, it is hard to nurture the relations we seek.

In his book *The Little Prince*, Antoine de Saint Exupéry explores how the young hero, seeking relationships, learns from the fox something of the importance of rituals. When the prince asks the fox to be his friend, the fox replies that he must be "tamed" and then goes on to explain how one tames another. It has to do with time spent together, but what is more important, as the fox notes, is that "one must observe the proper rites." In community the "proper rites" of the past were a combination of the structured rituals and symbols and the informal ones that grew up. It is natural for women to develop rituals, so in the extended communities of which women religious have become a part, new rituals continue to take shape. Within congregations, however, although there is often a realization that the older rituals are gone or are no longer relevant, a sense of the importance of developing new ones has not yet taken hold.

DIVERSITY WILL INCREASE

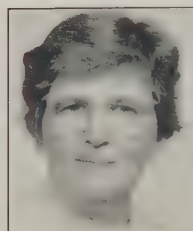
The greatest recent progress is seen in newly devised rituals centered on prayer and liturgy. In these areas many women religious—individually, in living groups, and in whole congregations—have begun to shape new ways of expressing their spiritual insights. The creativity behind this phenomenon must be extended to the renewal of other aspects of community living—even simple things, such as how birthdays are celebrated, how special achievements are honored, how special life moments are recognized. Community activities and rituals often can be integrated into neighborhood and parish settings and experiences. What must be realized, of course, is that the diversity of rituals will increase. Some cherished traditions of the past may no longer fit and may need to be adapted or discontinued. If we reflect on abandoned traditions that we miss, and look at what they meant when they were observed, we may find ways to reintroduce them.

Many new local community rituals center on things that have been concerns of women throughout the ages, connected to life and to the earth: rituals around the garden; around meals and the breaking of bread together; around storytelling in the sense of remembering together, often over a meal. Other local community rituals may be as simple as sharing a cup of tea or coffee at the end of the work day and talking about what the day has been like. A group might occasionally take short trips together to parks or museums or restaurants. Knowing what they would like to share and do together enables community members to build new rituals into their lives. One group I know celebrates the completion of the Christmas decorating of the house by inviting friends in, blessing the decorations, and celebrating the opening of the season.

The key to the movement toward a meaningful local community life is openness—openness to accepting one another, to letting go of what was, to exploring new ways of being together. The importance of rituals lies more in the quality of the relating they foster than in the quantity of time spent on them. Rituals are acts, often symbolic ones that replace many words. Some shared acts

still practiced in local living groups can be imbued with additional symbol and ritual. Having company for dinner can be an opportunity to light candles, an important symbol of warmth and light. A spontaneous grace said at the meal can be a blessing of people as well as food. A welcome-home bouquet may say more than words about how much someone was missed.

If women religious use such natural moments as the basis for ritualizing their care for one another, they may find several surprises. They may find that very small things make life richer, that those small things nurture a sense of caring, that caring for one another grows in the natural way that love grows, and that fundamentally, community is about love.



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Advice for Selecting Exercise Equipment

For many people around the world, the beginning of every year brings with it some thoughts about New Year's resolutions. And among the possibilities frequently given consideration, the intent to get more regular physical exercise is a common one.

Unfortunately, according to American physical fitness experts, about 90 percent of U.S. adults refrain from participating in any fitness program. Many of these people regard an exercise regime (often defined as a scheduled activity performed three to five times weekly, for at least twenty minutes, resulting in an increase in heart rate and metabolism) as more of a popular fad than a human necessity.

Consumer Reports has told its readers that in a single year Americans purchased more than three million exercise bikes, 356,000 stair machines, and 880,000 cross-country (skiing) simulators, but that 75 percent of the buyers failed to carry out their intention of using them regularly. Psychologists have observed that when would-be exercisers lack rewarding reinforcement or feedback, their motivation to exercise is rapidly depleted.

Capitalizing on this commonly experienced decline in motivation, inventive manufacturers have developed hundreds of new fitness products during the past several years. Some of this equipment, although attractive and glamorously advertised, is found by users not to be beneficial; some of the instruments sold are

downright harmful. Consumers, viewing the array of expensive products so highly touted by the professional athletes and coaches who endorse them, often find themselves highly perplexed when the moment comes to select the equipment likely to be most beneficial.

Dr. David Camaione, director of the Center for Health and Fitness at the University of Connecticut, believes that the landslide of new forms of exercise equipment is an obvious commercial response to a marked increase in popular awareness of the role exercise plays in maintaining health and a sense of well-being. He says that "people are becoming more creative" in the ways they choose and use workout equipment. Dr. Camaione and other experts say the best way to incorporate fitness into daily life is to devise a combination of physical activities—a strategy to eliminate boredom and at the same time enhance motivation. He recommends that in searching for the right product for themselves, people should consider what a certain piece of equipment does for the cardiovascular system, muscular development, or strengthening of bone tissue. Dr. Camaione also advises that buyers should seek the advice of a fitness specialist when selecting equipment. These individuals, along with physicians, can give reliable recommendations and warnings about how long and how intensely to exercise, and in what sequence various exercises should be performed.

Parishes as Victims of Abuse

Reverend Stephen J. Rossetti, D.Min.

When a priest is charged with sexual misconduct, his entire parish suffers. In their document *From Pain to Hope*, the Canadian Conference of Catholic Bishops reported that "groups or institutions felt stigmatized when it was revealed that some of their members had been implicated in incidents or allegations of abuse." The reputations of these parishes or institutions were damaged, and their operations were placed under a cloud of suspicion. The parishioners themselves felt tarnished.

The Winter Commission, which investigated sexual abuse of children by clergy in Newfoundland, found that some Catholic officials denied that harm had come to the parishes whose pastor had been charged. The commission's report refuted such claims: "In certain instances, the view was expressed that the scandal had not had any direct impact on parishioners. This stance, maintained by some clergy and parish officials, is contrary to the evidence provided by individual lay women and men."

In Chicago, Cardinal Bernardin's Commission on Child Sexual Abuse found that incidents of clergy sexual misconduct had a profoundly negative impact on parishioners. Its report said that "incidents of sexual misconduct with minors, when they become known, also have a severely negative impact on the parish communities where the priests have served."

The Canadian bishops believed that it was important to intervene in affected parishes. One of the recommendations of *From Pain to Hope* was to "manifest particular pastoral care for the sufferings of the parish community when one of its priests is accused or convicted of child sexual abuse."

Nancy Hopkins, who has worked with Protestant parishes whose pastor has been charged with sexual misconduct, emphasized the importance of early intervention in an article published in *Pastoral Psychology* (no. 4, 1991): "When a pastor has committed sexual misconduct, the congregation is impacted profoundly. . . . Intervention with the congregation is, therefore, as crucial as with the primary victims, the pastor, and his family." In the same article, Hopkins made an even stronger assertion: "I am convinced that to do nothing with the congregation is to invite the forces of darkness to take over."

Parishes suffer deeply when their pastors are charged with sexual misconduct. Whether they are able to reveal it to inquiring church officials or not, or whether they are fully conscious of it or not, parishes need help, and they need it quickly.

PARISHIONERS WANT INFORMATION

First of all, the people want and need information. Many times, they receive little from church

The majority of active Catholics in the United States and Canada do not feel that the church has kept them informed on the issue of child sexual abuse

officials. The parish leadership says nothing. The diocesan response to inquiries is "No comment." To obtain information, parishioners are forced to rely on rumors and the secular media.

Secrecy is a sign of a dysfunctional family. When a crisis hits, the problem is never spoken of openly or directly. It is presumed that family members either should not have the information or are better off not being informed. Such systems quickly become even more dysfunctional.

When allegations surface, parishioners need information. They want to know what the allegations are about. They are concerned about what is facing their former pastor. They want to know if he is likely to return to their parish. We must recognize that they have a right to know what is happening and that they will be able to respond to such difficult news in a mature fashion. We should also recognize how destructive it is to keep them in the dark.

When parishioners are forced to rely on the secular media for information, they often receive a superficial and sensational understanding of the church's response. It is difficult for the media to present the complexities of these cases. The secular media reinforce the parishioners' feelings that the church is covering up the problem and has abandoned them.

A survey last year (portions of which were published in the September and October 1992 issues of *Today's Parish*) asked 1,810 active Catholics in the United States and Canada if they felt they had been kept adequately informed by the church on the subject of child sexual abuse. The majority (62 percent) did not feel adequately informed.

Those of us who conducted the study then looked only at the responses of Catholics whose own pas-

tor had been accused of child sexual abuse. They constituted almost 10 percent of the sample. A large majority (80 percent) of the people whose pastor had been charged with child sexual abuse said they did not believe the church had kept them adequately informed.

The majority of active Catholics in the United States and Canada do not feel that the Catholic church has kept them informed on the issue of child sexual abuse. When they have a first-hand knowledge of the problem (i.e., when their own pastor has been charged), the dissatisfaction is even higher.

When their priest has been charged with sexual misconduct, parishioners need information, and they need to hear it directly from church officials.

AUTHORITATIVE PRESENCE REQUIRED

An accused pastor is likely to be removed swiftly from his parish. The absence of leadership and the rumors of allegations of misconduct create confusion and turmoil. In such a crisis, the need for strong leadership becomes acute.

Chancery officials are reluctant to intervene. They often do not know how to help such a parish. They might know the parish is struggling, but they often feel inadequate to the task. Also, the chancery officials may be thinking, "If the parish wants help, they will ask." In addition, the diocesan lawyers may be advocating silence.

On the other hand, parishes may not ask for help from the chancery but often expect an offer to be forthcoming. When the offer is not made, there is considerable resentment ("Why didn't they come to help us? They must not care about us, or they simply can't face the problem.").

As a result, the parish is left in a leadership vacuum. The members of the parish leadership are sharply divided and confused, and they are likely to focus their anger on the diocese. If a temporary administrator is moved into the parish, he or she can be of some help. But what people want is for the bishop and his staff to be a direct, concrete presence during this difficult time.

TRUST IS LACKING

Our survey asked active Catholics if they thought the church was dealing directly with the problem of sexual abuse of children by clergy. Of the 1,810 respondents, 51 percent said no. When we looked only at the responses of those whose own pastor had been charged with sexual misconduct, the number was even higher—70 percent. Most Catholics in our survey did not think the church was dealing with the problem directly. That conviction was even more widely held by those who have witnessed what the church has or has not done in their own parishes when allegations have arisen.

The survey then inquired if the respondents

trusted the Catholic church to take care of problems with its own clergy. Only 45 percent said that they did trust the church. Among respondents whose own pastor had been charged with sexual misconduct, the number dropped to 25 percent. It is likely that Catholics' trust of their own church in handling these cases is decreasing with each new incident that arises.

In our survey responses, we found that people were angry and disappointed with the priests who had molested young children. Catholics acknowledge child sexual abuse as a heinous crime. But an equal source of disappointment and anger is the perceived lack of responsiveness by the church. As one victim of a priest said, "I'm more angry at the church than I am at [the priest]."

In such a catastrophic moment as when a priest is alleged to have sexually molested a child, the faithful expect church officials to be on the scene, helping. They do not expect to have to ask for support. Their need for leadership is clear, and they expect the hierarchy to respond.

The survey results suggested that the church is not perceived as being present for Catholics when their pastors are charged with sexual misconduct. The result has been a decline in trust and confidence in the church. As the panel of experts convened by the National Conference of Catholic Bishops in February 1993 wrote, "We are concerned that the hierarchy's authority and credibility in the United States is eroding because of a perceived inability to deal more effectively with the problem of child sexual abuse."

HEALING ALWAYS NEEDED

In addition to information and an authoritative presence, a stigmatized parish needs healing. There are many victims when child sexual abuse occurs. First and foremost, the child has been harmed and is in need of our immediate solicitude. *The victim must be our first concern.*

Providing psychotherapy is only the beginning. Victims primarily want to feel heard and believed by the institutional church. They also want the church to ensure that the perpetrator will never again be allowed to harm other children. When they do not feel heard by the church or do not feel that the church will protect other children, they are likely to launch a civil suit.

In addition, the victim's family members need assistance. They too will be grappling with how to understand what has happened. The pain and trauma caused by such events has split apart even healthy families. With assistance, this need not occur.

Some bishops have met personally with affected families. Dioceses often subsidize costs for family therapy. Sometimes the devastation is felt even more strongly by the family than by the victim.

In addition to the victim and the victim's family, the church must also be concerned about the perpetrator. There is little doubt that he is suffering from a mental illness and needs a healing presence. Some child molesters can be successfully treated; others cannot. But priests who have been accused of molesting children should be evaluated psychologically by professionals who specialize in assessing alleged offenders. If indicated, treatment should be provided.

The alleged abuser should also be offered pastoral assistance from the diocese. More than one priest has either committed or attempted suicide after allegations have arisen—some of them "solid" priests least expected to take their lives. A priest mentor and/or mental health professional could provide ongoing support when allegations surface. Most often, the accused desires direct contact with a bishop or superior who is understanding and compassionate.

As the church is slowly learning about child sexual abuse and the devastation it causes to both victims and their families, church officials are becoming more effective in dealing with the victims, the victims' families, and the perpetrators. While the media still broadcast news of the failures, many more cases are being successfully handled.

But what is still lacking is a general appreciation of the need for an action plan on how to help parishes after their priests have been charged. It must be recognized that the parish, too, is a victim.

PARISHIONERS LOSING CONFIDENCE

The most obvious effect that parishioners endure is a decline in trust in the priesthood and in the church. Just as victims find it difficult to trust adults after the abuse, parishioners also experience a betrayal of their trust.

We asked the 1,013 laypeople in our sample if they agreed or disagreed with the statement, "When a new priest arrives in our parish, I wonder if he is someone we can trust." Of the survey respondents who had not experienced a priest being charged with sexual abuse in either their parishes or dioceses, 59 percent disagreed; they felt a new priest could be trusted. Of the respondents whose own pastor had been accused, only 44 percent disagreed. Clearly, after their pastor is alleged to have sexually abused children, there is a decline in trust in the priesthood.

When we asked the same people if they agreed or disagreed with the statement, "I believe that the church will safeguard the children entrusted to its care," 50 percent of the 349 people who had no experience of clergy-child sexual abuse agreed. However, when we asked those whose own pastor had been charged (98 people), the figure dropped to 28 percent. The betrayal of trust and the declining confidence includes both the priesthood and the church.

The Winter Commission of Canada recounted its first public meeting in a parish hall after several priests had been charged with child sexual abuse: "The hall was full, and the mood of the meeting was controlled anger. . . . The people felt betrayed by the priests who had sexually abused their children." The members of the commission noted a "deep distrust" that hindered parishioners from giving them information. Only by the fourth public meeting did the commission members feel they "had achieved sufficient trust" that people would speak candidly to them.

In addition to a decline in trust in the priesthood and the church, the parish is also wounded in terms of its image and support of the priesthood. The Winter Commission cited one of the testimonials it received during its inquiry: "The recent events put all priests under a cloud of spoken or silent suspicion. . . . The Roman collar, once worn with pride, is now becoming a source of embarrassment and suspicion."

We asked the survey respondents to agree or disagree with the statement, "When someone wants to be a priest today, I wonder if he has sexual problems." Of the respondents who had no experience of priests accused of child molestation, 81 percent disagreed. Of those whose pastor had been charged with child sexual abuse, only 58 percent disagreed. Parishioners' image of priesthood is being wounded by child sexual abuse: they are more likely to wonder if a priest has sexual problems.

Catholics are less likely to look to their church to provide leadership. The survey asked for a response to the statement, "I look to the church to provide guidance on issues of human sexuality." Of the 349 respondents who had no experience of clergy-child sexual abuse, 77 percent agreed. Among the respondents whose pastor had been charged with sexual abuse, this figure dropped to 66 percent.

Catholics have traditionally taken pride in their priests. That pride is currently being undermined. In a *Boston Globe* article regarding the priesthood (October 11, 1992), Catholic journalist Paul Wilkes wrote, "Where we once selected our best, brightest and most balanced—we now must accept too many of the psychologically halt and lame." It is important for a parish to have a good image of its spiritual leadership. Child sexual abuse is damaging this image.

From Pain to Hope summarized it well: "Our Church, people and clergy, has been affected by the devastation." Institutions in which a priest has been charged with child sexual abuse are strongly affected. Some people are questioning the mental health of the priesthood; they see it as a haven for sexually dysfunctional men. Overall, confidence and trust in the priesthood and church appear to be eroding.

There are strong signs of dissatisfaction with the way the church authorities have dealt with sexual

abuse of children by clergy. The church is not perceived as dealing openly and directly with the problem. The declining confidence in the church appears to be as much a product of this perceived inability to deal with the problem as it is a result of the original abuse.

ACTION PLAN FOR PARISHES

Contrary to popular wisdom, this decline in confidence and trust in the priesthood and church does not necessarily follow incidents of clergy sexual misconduct. If church leadership took an aggressive, direct, and open response to the problem of clergy-child sexual abuse, I believe it would affirm the church's spiritual leadership in the minds of the people. They would perceive the mental illness that spawns pedophilia as an exceptional occurrence in an otherwise healthy and concerned presbyterate. This could turn a crisis of confidence into an affirmation of support.

This aggressive action plan must necessarily include an action plan for parishes. The needs of the parishes, previously mentioned in this article, include information, an authoritative presence, and healing. I offer the following two elements of an action plan designed to meet these needs:

Parish Assistance Team. A small team of professionals at the diocesan level should be trained and be "on call." This team might include a public relations person, a mental health professional, a civil lawyer, and a pastoral person. Whenever a situation of sexual abuse arises, chancery officials would contact the parish and ask the leadership if they would like the assistance of this team.

The public relations person would help the parish leadership deal with the media, which may deluge the parish with requests for statements and interviews. He or she might assist the parish leadership in drafting a statement to present to the media and in identifying one member of the parish leadership to interact with the media.

The mental health professional and pastoral person might hold listening sessions or parish meetings. They would schedule educational programs to provide information on child sexual abuse. They would help the parishioners process their hurt, anger, and disappointment. They would also make referrals to psychotherapists and pastoral counselors when indicated.

The civil lawyer would be a key team member if an accused priest were brought up on civil or criminal charges. The lawyer would provide general information to the parishioners on the legal process and any discussable information related to the case.

Parish assistance teams are already in place in a few dioceses. It has been edifying to discover that many fine professionals are willing to donate their time for such service. They only need to be asked!

It is better for parishioners to hear about allegations of clerical sexual misconduct from church officials than to read about such allegations in the newspaper

The Presence of the Bishop. There are times when a parish needs to hear directly from its spiritual leader. One of those times is when allegations of clergy-child sexual abuse are made. It is understandable that anyone's natural inclination would be to shy away from the painful task of discussing such a problem with the parish. But people want to know the steps that are being taken by the diocese. They want to know that their anger, confusion, and pain are heard. They want to know that at this critical moment, the bishop is personally in charge.

Some bishops have made announcements from the parish pulpit. Others have offered a mass of healing in the parish. Still others have sent personal messages via an episcopal vicar.

In the early stages, the bishop may have few answers. However, his authoritative presence communicates the most important message: he is concerned with the parishioners' pain and wants to help.

ALLEGATIONS SOMETIMES SECRET

A difficult situation arises when the allegations of sexual misconduct have not been made public. The pastor has been removed from the parish and perhaps is undergoing psychological evaluation, and the allegations appear to be founded but have not been substantiated in a court of law. Should the diocese make a public statement to the parish?

Two specific situations are easier calls. If the allegations are about to surface in the media, an immediate public statement by the diocese is warranted. This would be the situation if the allegations were soon to be a matter of public record in the legal system. This would also be true if a victim were planning to release a statement to the press.

If the allegations will soon reach the public forum, it is better that the diocese make the first announcement.

It would also be a simpler decision for the diocese if victims' families or victims who are now adults are adamant about wanting the situation to remain confidential. Unless civil reporting requirements dictate otherwise, it would seem appropriate for the diocese to handle the problem discreetly.

The tough call is when a victim either does not object to the allegations becoming public or desires that the diocese make a public revelation. If the allegations of sexual abuse appear to have some merit, the diocese is caught between competing rights. The priest has a right to his good name and innocence. But the parish has a right to know, and there is a need to offer healing to other victims, who would surface if the allegations were made known. Should the diocese make an announcement or remain silent?

There is no obvious answer. Victims' groups lobby for public announcement. Church officials often believe that maintaining confidentiality is the greater good. Each situation calls for a pastoral judgment to be made. I offer the following guidelines for making such a judgment:

Err on the Side of the Victims. If the decision comes down to protecting victims or protecting the accused, we should err on the side of the victims. In each situation there will be competing rights. However, I believe the church has a special responsibility to come to the aid of victims.

Better to Hear Bad News from the Church. When the parents of a family have bad news, such as an impending divorce, it is better for the children to hear the news from their parents than to learn it on the streets. Likewise, it is better for the parishioners to hear about allegations of clerical sexual misconduct from church officials than to read about such allegations in the newspaper.

Both of these guidelines suggest that the church tell the truth to the parishioners. This is in consonance with the November 1992 resolution of the American bishops: "Within the confines of respect for the privacy of the individuals involved, deal as openly as possible with members of the community." I think it would be an exceptional case if secrecy were the best course of action, particularly if the allegations were substantiated. However, if the allegations remained questionable and the alleged victim asked for anonymity, a prudent silence might be most appropriate.

SIGNS OF PROGRESS

An increasing number of bishops are recognizing and responding to the trauma of parishes after

allegations of clergy sexual misconduct. One of the first was Bishop Harry Flynn from the Diocese of Lafayette, Louisiana.

In 1984 Father Gilbert Gauthe became the first priest in the United States to be publicly exposed as a child molester. The Diocese of Lafayette was assaulted with months of devastating national media exposure. The media explored the details of Father Gauthe's behavior, revealed the names of other suspected priest-perpetrators, and charged the church with a cover-up.

The court system gave Father Gauthe twenty years in prison at hard labor, without parole. The diocese lost millions of dollars in lawsuits. Parishioners were devastated. Eventually, the church sent Bishop Flynn to Lafayette.

Bishop Flynn made it a personal priority to deal with the trauma that clergy involvement in sexual misconduct caused to the diocese. He met, and continues to meet, personally with each victim. He visited affected parishes. He offered mass and spoke to the parishioners directly about the problem. He publicly announced his willingness to meet with anyone who has been victimized and encouraged victims of clergy misconduct to come forward. He offers an annual mass in the cathedral for all victims of violence and abuse.

Bishop Flynn has the added gift of being able to understand the anger of the victims and the people. He is able to listen compassionately and not become defensive as they vent their anger at the church. Throughout the exchange, Bishop Flynn maintains a steady pastoral response of care and concern. He has been a healing presence.

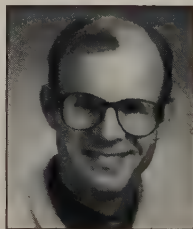
The Catholic church in the United States is coming to realize that a priest who sexually molests children has a mental illness. He needs to confront his illness and accept assistance; his goal is to find recovery. We recognize that victims of sexual abuse must learn to face and overcome their trauma; their goal is to move from being victims to becoming survivors. The church is starting to offer them support. But the parish community is also a victim. By confronting the problem openly and directly, with assistance from the bishop and his staff, it too can become a survivor.

These goals are not beyond reach. The pastoral and professional skills are available. Stories like those of Bishop Flynn and the Diocese of Lafayette have shown us what can be done. What remains for us is to recognize the wider trauma of clergy sexual misconduct and to mobilize our resources.

Clergy involvement in child sexual abuse has been a source of declining confidence in the church. It need not be so. If we are able to maintain a steady pastoral response of care and concern while we face this tragedy directly, as Bishop Flynn has done, we can affirm the age-old confidence that people have had in the presence of Christ in the Catholic church.

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Pastoral Care of Dependent Persons

Richard P. Vaughan, S.J., Ph.D.

Ben, a 30-year-old single university graduate and the youngest of three children, lived with his parents. When he came for counseling he was unemployed and spent a large part of the day sleeping, watching television, or enjoying his hobbies. He said that one of the priests in the local parish was his spiritual director and that he consulted with him as frequently as he could. One evening that priest received an urgent call from Ben, who wanted to schedule an appointment as soon as possible. Ben said he had just returned from a psychiatric hospital, where he had been treated for a "nervous breakdown." Prior to that hospitalization Ben's mother, who cared for his every need and was his constant confidante, had gone to visit her sister in the Midwest. Ben became extremely anxious and depressed, and he was unable to sleep at night. In addition, he lost his appetite and began to lose weight rapidly. His father became alarmed and took him to see a psychiatrist, who recommended inpatient treatment at a small local psychiatric hospital, where Ben stayed for two weeks until his mother returned.

When Ben had first graduated from college he had been unable to find a job. Finally, he was hired part-time by a woman who was a friend of his older sister. The woman owned a small printing company and took a special interest in Ben, who assisted her with photographic and graphic art projects. As long as she supervised him closely,

Ben's work was acceptable, but when she left him on his own he was much too slow and made numerous mistakes. Eventually, Ben found a full-time job with a small "throwaway" newspaper, where he worked in the layout department. Once again, as long as his supervisor worked alongside him, Ben's performance was adequate, but once he was on his own he took much longer to do a layout than any other employee because he was unable to make even minor decisions independently. At the end of his probationary period he was let go. He subsequently tried a couple of other jobs at newspaper offices, with the same results.

Ben has dependent personality disorder, which the revised version of the *Diagnostic and Statistic Manual (DSM-III-R)*, used by psychiatrists and psychologists, describes as "a pervasive pattern of dependent and submissive behavior beginning by early adulthood and present in a variety of contexts." Frequently, dependent people allow others to assume the responsibility of making decisions for them because they lack self-confidence and are unable to function without the advice and guidance of others.

We all depend on others to some extent, but dependent personalities do so to an extreme degree. They feel as though they cannot get along without the constant emotional support and reassurance of the important people in their lives. If this support is suddenly taken away, they become plagued with anxiety, depressed, and sometimes

even totally incapacitated. In attempting to please others and thus win their approval, dependent people willingly set aside their own desires and plans rather than provoke the displeasure of the people from whom they seek advice and guidance.

AVOIDANCE OF DECISION MAKING

The dependent personality disorder is fairly common and is apparently found more frequently among women than men. People with this disorder stew over making routine decisions, seek the advice of a trusted person, and often allow others to make their important decisions for them. For example, a married adult with this disorder will typically assume a passive role and allow his or her spouse to decide where they should live, what kind of job he or she should have, and with which neighbors they should be friendly.

Often, dependent individuals have never had the opportunity to gain confidence in their own ability to make decisions because most of their decisions during childhood and adolescence were made for them, usually by a parent or caretaker, and when they did make any decision it was invariably scrutinized and criticized. As a consequence, they are fearful of making any decision on their own and prefer to have others make their decisions for them. Whenever they have to make a decision, they have the urge to discuss it at length with a trusted relative or friend and often end up asking that person to make the decision for them.

OTHER COMMON CHARACTERISTICS

Insecurity and lack of self-confidence are two main characteristics of most people with this disorder. Dependents tend to denigrate themselves and their accomplishments, and often consider the views and accomplishments of others better than theirs. They will even agree with an opinion that they do not hold for fear of being rejected, or do things they detest to win the approval of another person. Dependent persons will say yes to a request to do a favor when the answer should have been no, just so they can please the other party, and then often will not act on the request.

FEAR OF ABANDONMENT

Dependents will submit to intimidation and abuse when faced with losing the one who gives them emotional support and reassurance. They live in fear of being abandoned and left to make the ordinary decisions of life on their own. When they lose a family member or friend on whom they depended for reassurance, they can be devastated by anxiety and depression, even though they have several other people on whom to lean. Sometimes just the thought of being abandoned or cut off from

a person who has been their chief source of affirmation can provoke enough anxiety to disrupt the life of the dependent person.

Most dependents do not like to live alone, and if circumstances demand that they do so, they are uncomfortable about it and arrange their lives so they are around other people as much as possible. Sometimes just the realization that they can telephone or visit the person or persons upon whom they are dependent is enough to dispel their anxiety. Dependents may feel a need for guidance in carrying out even the simplest tasks or in making the most routine decisions, such as deciding what they should wear to an office party or what time they should retire at night.

People with this disorder are easily hurt by criticism but will agree with the person giving the criticism, lest they alienate him or her. If they have the constant support of a nurturing person, dependent individuals can function with ease, be sociable, and display warmth and generosity, but once they feel abandoned by that person they are overwhelmed by anxiety and depression. Consequently, dependents must arrange their lives so as to have a trusted person always available to give them encouragement and reinforcement. According to Theodore Millon, an authority on personality disorders, "many dependent individuals search for a single, all-powerful 'magic helper,' a partner in whom they can place their trust and depend upon to protect them from having to assume responsibilities or face the competitive struggles of life alone."

RELIGION BRINGS OUT SIGNS

One of the major ways dependent people are affected by religious belief and practice is through their relationship with church personnel. Dependent people often look up to priests, ministers, and sisters as being unusually gifted and tend to seek them out when they feel in need of advice. If they have a friend who is a priest, minister, or sister, they are very proud of the friendship, even if that individual has managed to keep the dependent person somewhat at bay. It is as if the dependent person is in some way a better person because he or she has that friendship.

Dependent people tend to see God as the Great Provider and Rescuer who will take care of their every need. When they think that God has failed to answer their prayers, dependent people begin to waver in their faith. They wonder if God has turned his back on them and abandoned them, or even question whether there really is a God and, if so, whether he cares about them. Just as they become anxious and depressed when a trusted person breaks off a relationship with them or simply abandons them, dependent people become anxious and depressed when they begin to think that God has abandoned them.

Dependent people tend to see God as the Great Provider and Rescuer who will take care of their every need

PASTORAL CARE SUGGESTIONS

In dealing with dependent people, pastoral counselors face the dilemma of how to direct and guide them without allowing them to be overly dependent. In keeping with their disorder, dependents tend to seek counseling not on their own but rather at the suggestion of someone on whom they have depended for a considerable length of time. If the pastoral counselor shows a special interest in the dependent person, that person will latch onto the counselor and demand as much of the counselor's time as he or she can get. Also, if the counselor accedes to the dependent person's desire for guidance and advice and does not urge him or her to make decisions independently, the counselor will be caught in the web of dependency.

Frequently, dependents view the pastoral counselor as an expert in the field of religion who will tell them what they should do and how they should live the Christian life, as well as resolve all their personal problems. If the counselor yields to such expectations, dependent people in their care may initially profit somewhat from their guidance but at the same time will begin to develop an unhealthy relationship with the counselor.

Because most dependent people fear abandonment and are anxious to please, they are apt to praise the counselor profusely for helping them. The counselor should understand why dependents offer such praise and not be overly encouraged by it. Moreover, some dependents outwardly agree with the counselor when inwardly they do not agree at all. One of the major drawbacks in giving advice to dependents is their tendency to say they accept advice when in fact they do not. Throughout the session the counselor

may hear such phrases as "you are right on" or "you give such good advice." As a consequence, the counselor may have an exaggerated sense of his or her impact on the dependent person and may never be sure whether the counselee really intends to apply the advice offered.

Because people with this disorder seem so ready and eager to cooperate with anything the counselor proposes, there is a tendency for counselors to become overly optimistic about the outcome of counseling. They may even think the problem that brought the person to counseling has been solved, whereas often the truth is that the dependent person has made little progress or has sunk even deeper into his or her dependence on others.

In trying to help a dependent person, the counselor needs to take the stance of a friend and avoid being authoritarian, which only tends to foster further dependency. Most of all, the counselor needs to impress upon the dependent person that counseling is a joint effort in which the counselee does much of the work, with assistance from the counselor. The pastoral counselor can best help the dependent counselee by using the Socratic method of drawing information from the counselee through questioning, asking him or her to evaluate that information, and making the counselee decide for himself or herself what is best.

SOME OF THE PITFALLS

Sometimes there is a tendency among pastoral counselors to want to rescue the dependent person, who seems so helpless in the face of seemingly insurmountable difficulties—especially if the dependent person happens to be a woman and the counselor a man. If the counselor yields to the temptation, he only strengthens the bond of dependency and runs the risk of a romantic involvement. A dependent, helpless woman can activate in a male counselor feelings of pity and sympathy, and thus render him more vulnerable to falling in love with her. A willingness on the part of a male counselor to make decisions for a woman counselee and to take over her life can also generate similar romantic feelings in the counselee.

If the counselor finds himself entertaining romantic fantasies about the counselee and wanting to be with her as often as possible, he needs to discuss his situation immediately with a spiritual director or fellow counselor. Otherwise it is highly unlikely that he will be able to maintain the objectivity needed to be an effective pastoral counselor for the woman.

Another tendency is to become impatient with the frequent demands of the dependent person once the bond of dependency has been established, and then to try to extricate oneself from the relationship. Once dependent people know that a counselor will cater to their need to depend excessively on

him or her, they will bring seemingly insignificant matters to the counseling session and plead with the counselor to tell them what to do. They repeatedly ask for answers to questions they can answer for themselves, sometimes better than the counselor. For instance, one woman wanted her pastoral counselor to make a number of decisions in regard to her tax returns, even though she had a tax consultant; moreover, as a retired businesswoman, she knew more about such matters than the priest who was counseling her.

One of the best ways for a counselor to guard against forming a bond of overdependency is to set limits on the number of times he or she is willing to see the counselee and then stick to those limits. If the counselor sees the beginnings of excessive dependency, then sessions should be limited to once a month. Telephone conversations should be discouraged; if allowed, they should take place only when really necessary, and they should be kept brief. The counselor should remember that once the bond of dependency is formed, it is very difficult to break it, short of ceasing all contact with the dependent person.

REFERRAL AND TREATMENT

People with this disorder seldom seek psychological treatment unless urged to do so by a person on whom they are dependent. Otherwise they usually do not recognize their condition as unusual and thus see no reason to do anything about it. If someone points out to them that they are overly dependent, they tend to deny it, or if they admit their dependency, they think they can lessen it on their own without outside help. Only when they are abandoned, or think they are abandoned, by someone on whom they greatly depend does their personality disorder become a problem; then they are open to treatment, only because of their disturbed emotional state.

Severe anxiety and depression can accompany the feeling of being abandoned and make the dependent's life so miserable that he or she will seek professional help, but only after trying to come to terms with this emotional distress on his or her own, and usually at the prompting of a trusted relative, friend, or pastoral counselor.

When individuals with this disorder lose the primary person on whom they have depended—

whether through a falling out, through a death, or by imagining that they have been abandoned—they tend to become depressed over the loss and wonder whether they can continue life without the emotional support of the person who played such a central role in their life. As their depression deepens and their anxiety increases, dependent people often begin to think they are having a mental breakdown, which in turn increases the feelings of anxiety and depression. They begin to have anxiety about their anxiety and experience even greater distress. Dependents who have reached this state cannot adequately be helped by a pastoral counselor and should be referred to a clinical psychologist or psychiatrist.

If a dependent person is willing to accept pastoral counseling before the onset of anxiety and depression, he or she can probably be helped somewhat by a pastoral counselor. However, the pastoral counselor should bear in mind that considerable amounts of time and patience are needed to cope with this type of personality disorder, that the counselee's progress will probably be slow, and that the counselee inevitably will develop some degree of dependency on the counselor, which will eventually have to be eliminated by gradually rather than abruptly ending the counseling process.

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Earth and Seed

James Torrens, S.J.

We are the earth of the word.
From the mouth of a slung sack
the sower scatters in an arc
his concentrate of life.

In the blizzard of influence
upon our peculiar soil
an inviting kernel drops
coded to arise and unfurl.

Suppose we're busy when it falls,
or the ear's membrane is grown thick
and friends gobble it with a laugh.
Suppose the sleepiness of earth.

Ground of our ground, help.
If we lie smooth and hard
and a harrow alone lays open,
tremble as we may, so be.

We would flower beyond ourselves.
We would shoot up crisscross,
waving in a field,
and give back one face.

I once lived for several years in Belgium, and near us was a field lined with family plots. Sure enough, in the sowing season that age-old scenario of scattering the seed by hand would be played out. I forget whether crows hovered overhead, as in a painting by Van Gogh.

The parable of the sower is one of those jewels of observation within easy reach yet detected only by the wise. The uncertain fate of seeds caught the attention of Jesus during his missionary rounds. It reminded him that his own teaching about God's plan for the world—the Kingdom of Heaven, as he called it—was due for a very mixed reaction. Among his influential listeners, there would be many unwilling ears. His parables were a direct challenge to them. "Think about it, take it home and chew on it," the teacher as much as said.

The early church, in the person of Saint Matthew and his community, followed that advice. They mulled over the parable of the sower, spelling it out thus: Some people within hearing of God's word are so hardened that it would take a pickaxe to make the message penetrate. Others react with enthusiasm when it drops but prove shallow and have no staying power. Others attend to it seriously until their anxieties and worldly concerns (their politics and economics) take over, choking it out. Still others, however, are receptive and fruitful. In them God's grace can realize its potential, on a

scale from 30 to 100 percent. Happy are those who respond 100 percent.

The holy scriptures inevitably say to the reader, "So how about you?" For my part, I envy the people who give 100 percent—who seem to have total positive energy, no self-consciousness or self-concern or hidden agenda. I can think of a few such individuals, whose lives are a continual blessing to others. I admire too those who can sustain a depth and intensity in their service of God that seems beyond the ordinary. The saints fit here—Catherine of Siena, Martin de Porres, Ignatius of Loyola, Francis Xavier. Night or day, they fly with their whole being to God.

EACH ONE IS UNIQUE

But a warning is in order, I think. Jesus did not intend for us to go around gauging ourselves by anybody else or measuring ourselves by some mark we cannot conceivably attain. When Jesus, in this parable, reissues the ancient message, "If today you hear God's voice, harden not your hearts" (Psalm 94), he is very much aware of his listeners. Each one is a different combination of talents, opportunities, limitations, and scars. What psychological perceptiveness he shows. The parable aims to say, for starters, "Know your resistances and watch out for them." In three deft strokes Jesus suggests the types of blockage to inspiration and grace.

The simile of the sower, on its positive side, is about generosity, openness to God. Jesus tells us, "Grace is at work in you; receive it with joy. You are precious ground—different from others maybe, needing a lot of work, but productive, full of the right ingredients. If you don't realize that, if it hasn't really dawned on you, it should."

Finally, there is the matter of the fruit, the product, of our lives. How are we to measure that?

We have big plans and decided ambitions that prove so hard to realize; we have our sum of disappointments and frustrations. Are these what Jesus had in mind? Consider, though, as a counter-indication, those near-death experiences we read of from time to time. People report that in the flashbacks on their lives, what truly heartened and consoled them were the glimpses of their forgotten gestures of kindness or patience or courage and of the personal qualities they had always taken for granted.

In the last analysis there is one true measure of our lives: the extent of our configuration to Jesus Christ. How we are to embody or reflect Christ is not predetermined. It will be distinctively singular, that we can say—yet it will be authentic; it will fit in with others. The Kingdom of God is a total picture, what Saint Augustine called "the whole Christ." In his poem "As Kingfishers Catch Fire," Gerard Manley Hopkins expressed a field vision of the world in this condition: "Christ plays in ten thousand places, / lovely in limbs and lovely in eyes not his." This is what that hidden but immense power, God's grace, aims to produce in us.

Ours is not an age very attentive to encyclicals and long treatises. People do not seem to have the patience for them. But to crack the nut of a parable, to alter one's life thereby—that is surely an option for anyone.



Father James Torrens, S.J., is an associate editor of *America*.

A Step Toward Prevention of Sexual Abuse

A. W. Richard Sipe

On August 14, 1993, a young graduate student from the Catholic University of America said, "I have the feeling I have just witnessed an epoch-making event." He was speaking not of the pope's visit to Denver but of a small consultation—also focused on youth and morals—held at Saint John's Abbey and University in Collegeville, Minnesota, a thousand miles away from the crowds surrounding John Paul II. The speaker was the student/stenographer who sat silently recording for two days while twenty-three handpicked men and women from all sectors of the United States discussed "Sexual Trauma and the Church."

The event, in planning for over two years, was organized and chaired by Dr. Patrick Carnes, a graduate of Saint John's and the nation's leading expert on sexual addiction. But the invitations were made personally by Abbot Timothy Kelly, O.S.B., and President Brother Dietrich Reinhart, O.S.B., to individuals selected "because of [their] awareness of sexual issues and [their] experience in working in the churches."

Unflinching directness, honesty, and clear, unambiguous communication prevailed as the participants confronted the issues at hand. Abbot Kelly set the tone in his invitation and reinforced it in his opening commission, in which he acknowledged the concerns of his own community and the temptation "to minimize the numbers, separate ourselves from the perpetrators, and claim the high road for ourselves while growing angry with those

who have ruined our reputation." Clearly, he wished to avoid those temptations for himself, his church, and the group he had called together. He admitted his fear in the face of the sexual problems facing the church and left the group with this commission: "We want to be honest about our own need, acknowledge our solidarity in sin with the rest of humanity, affirm our faith in a loving and forgiving God who nonetheless demands of us action that accords with our faith. How might we use our resources and talents, our gifts and our faith, to address issues of deep hurt and become channels of healing where we have, through dysfunctionality, been facilitators of harm?"

Although the timing of the convocation was determined solely by the professional schedules of the invitees, there was a double irony in the timing and the location of the meeting. While the pope spoke to throngs about the church's concern and love for youth and the immorality of the American "culture of death" amid the props and pomp of ecclesiastical power and triumph, and in the glare of world-extensive media, the little band at Saint John's, wrapped in monastic and media isolation, also spoke of youth, love, and immorality. In the latter case, however, the focus was the failure of the church to love youth, the abuse of youth by priests and bishops, and the abuse of power and the use of ecclesiastical trappings to cover up wrongdoing—a culture of death of the church's own making.

There was something distinctive and convincing

about the Collegeville gathering. Even I, a cynic who has endured a professional career full of meetings, invitations, and consultations—some even marked by promise and enthusiasm—had to respect the evaluation of the young observer quoted earlier: there was the sense of being part of an epoch-making event. Why?

First, there were absolutely no constraints. Truth—wherever found, however discovered, whatever it exposed—was the agenda. As I sat with my colleagues, I realized that I have attended few professional gatherings at which truth—let alone harsh truth—was the sole object. Even scientific gatherings dedicated to objectivity are often colored by hidden agendas to prove certain things or to defend certain viewpoints. Such was not the case at the Collegeville conference. Everyone was open to the focus on what, how, why, and where sexual abuse occurs in the churches. The extent and effects of sexual abuse were approached without fear or defensiveness.

SINGLE THEME PURSUED

There was no political agenda for the Collegeville meeting. That factor allowed Kelly's commission to take root. There were seventeen men and six women—Protestants, Catholics, and Jews, psychiatrists, psychologists, counselors, priests, ministers, victim advocates, mediators, clergy victimizers in recovery, and victims of clergy sexual abuse. Each spoke and was heard without label and free of stereotype. Each was heard for what he or she had to say. The name, station, or background did not make a difference; the content was what counted. There were only three formal statements reflecting the status of sexual trauma in the churches. I outlined the status in the Catholic church at the beginning of the consultation. Dr. Ralph Earle spoke about the situation for Protestantism, and Rachel Adler spoke about it for Judaism. We concluded that if religion cannot speak the truth about itself, it has nothing to say.

The group members were united by shared pain. There was no sense of competition and a complete absence of anger or acrimony. The personal and corporate pain each of us had lived through as clergy, healers, victims, victimizers, or friends or family of the abused somehow merged us into a microcosm of a "church." No name calling, no finger pointing—not even when atrocious facts and incomprehensible negligence by authority were faced. It was a shared pain of assuming personal and real responsibility for our own part in any ecclesiastical dysfunction or harm. Ultimately, there was hope. It should not surprise a person who takes religion seriously that if truth is faced, hope will follow, but it is exhilarating to reexperience a reality too easily blurred.

A list of forty recommendations was delivered to the abbot and a university official at the conclusion of the meeting. The abbot promised a response

within a month after study by his council. Among the suggestions made public were sponsorship of a national meeting of victims of clergy abuse, establishment of a center to study the causes of abuse and the means of healing transgressions, a clearinghouse for the handling of allegations, and prevention through the training of clergy.

Precisely which forms the Collegeville initiative takes, and through what modes, have yet to be determined. Clearly, it is a substantive attempt at reform of the system of sexual celibacy that has harbored sexual abuse by clergy. It is not a public relations ploy or an effort motivated or directed by legal pressures or exigencies. Up to this point, much of the church's activity regarding sexual abuse in America has been engineered by litigation.

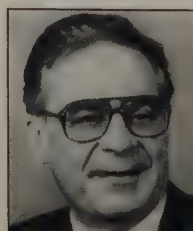
THEOLOGIES REQUIRE ACTION

The meeting marks a new step toward freedom from abuse by the trusted. The committee concurred that our experience was summed up in the preamble to the recommendations, articulated by Rachel Adler, a Jewish ethicist at the Collegeville conference:

If there is anything upon which people of faith agree, it is that theologies are more than just words. They are commitments which demand to be translated into action. Some of these commitments have produced terrible injustices. Theologies have justified the enslavement of Africans, the extermination of Jews, the subjugation of women, the beating of children. As we have heard at this consultation, theologies can be used to seduce the vulnerable and to protect the predatory. Yet theologies remain a powerful means of making justice. They are our attempts to discover who we are and what God wants of us at this specific time.

Abbot Kelly was prescient in stating, at the beginning of the conference, "It is my conviction that the pain we have been going through as a community and as a church has been grace—painful grace, expensive grace, sometimes unwelcome grace—but grace that has come from a God who loves us enough to correct us and bring us to life once again."

Collegeville provided its consultants with a chance for truth, freedom from political agendas, unity in pain, and hope for reform in the midst of the most challenging crisis faced by the church in the past five hundred years. Certainly, it was an experience of grace, perhaps contagious, and potentially epoch-making.



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Inner Child Affects Spirituality

Renne Haase, Ph.D.

One television series that has become a favorite of public broadcasting station viewers is John Bradshaw's series on the inner child. A number of authors have invited our serious consideration of this subject. A few, however, have called the attention given the inner child faddish and labeled the concept a fairy tale for grown-ups.

Those familiar with the work of Carl Jung know that the idea of the child within is not new. In fact, for Jung it represented a fundamental psychological construct, or archetype. It was in 1940, with the publication of his *Psychology of the Child Archetype*, that Jung laid the groundwork for serious consideration of the inner child in our psychology.

In this article I explore how the inner child affects the way we get into, grow in, and develop in relationships, as well as how the inner child affects the maturity of our spirituality.

SOLVING RELATIONSHIP PROBLEMS

Few individuals give a second thought to the importance of inner solutions to problems of outer relationships. A client once called my attention to a magazine article by Gloria Steinem in which the author acknowledged having repeated destructive patterns of choices and behaviors in relationships. She had come to realize, with some help, that the reason her relationships were given to failure was that she was looking outward for solutions rather than looking within herself.

Looking inward, we find that we can bring the child we once were into our relationships. This child, with all the feelings and experiences we had, still exists within us, even though most of us abandon it early in life. Some of our greatest difficulties in adult life arise because we still carry all the unmet needs of the inner child, along with many childish illusions and expectations. The inner child wants to be found again and seeks our attention to its unmet needs.

Many people, driven for years by a hunger or thirst they do not understand, search for something or someone to help them find this lost part of themselves. Some "solve" the problem of the lost inner child by simply denying that problem—by repressing their desire for love and by numbing their feelings about unmet needs. Others "solve" the problem of the abandoned inner child by concluding that they can neither love nor trust anybody—a belief that can make life devoid of meaning.

In some way we have all been wounded in our relationships with our parents. It is humanly impossible for any parent to possess all the attributes of the perfectly good mother or father. Young children tend to see their parents as the best parents possible. Growth into psychological adulthood, however, requires seeing the reality of one's parents' humanness and the reality of one's relationship with them.

We experience the wounds from not-perfect parenting as holes in our psyche—as something

The wounded inner child, in the guise of the adult, may seek to get entrenched in an outer relationship with blurred boundaries

missing. Like a young child, the inner child of the adult earnestly wants these holes to be filled. When the holes are not filled by the adult ego, the inner child often takes on the guise of an adult and attempts to fill the holes with others or with things. In doing so the child seeks the sense of validation, the nurturing, or the security it is missing. The abandoned child within diligently searches for "a home" with someone or something in order to feel safe and to be valued. I remember a man who was debating whether to purchase a home for a million dollars. Just before he was about to enter into escrow, he dreamt that his father had won a million dollars. In working with his dream he was able to realize that his inner child, in the guise of his adult self, was seeking his father's approval. A million-dollar home would be a sure sign of success. His father would be the winner, however—not himself—if he purchased the home.

In this hole-filling search, the inner child usually replicates its primal wounding experience in some way with other individuals or with things. The child does this because the experience, however painful, is something it knows, and it has a tolerance for, or "comfortability" with, the pain that is known. At the same time the inner child has an underlying hope to change things this time—to make things "right." Many individuals enter into and stay in relationships with the idea that they can change the other person. This accounts for the anxious attachment of those caught in the abused-child or abused-spouse syndrome.

Since outer relationships sought by the inner child are not enough to assuage the demands of the child's unmet needs, an individual may engage in one or several of the out-of-balance behaviors we

call addictions. Addictive behavior is the futile and compulsive seeking of outer substitute experiences in an attempt to satisfy the emptiness that comes from the inner child's unmet needs. The behaviors must be repeated because they are outer-directed and produce only substitute and short-lived satisfaction. The nature of the emptiness is misread as outer when it is really inner.

Another kind of emptiness often exists side by side with the emptiness that stems from the holes of our unhealed wounds. Marie Louise von Franz describes it as "persona emptiness." This is experienced as a dissonance—a lack of congruence—between the outer and inner aspects of an individual whose inner child (the "real" self) is masquerading as the adult.

Many individuals find it hard to acknowledge their needs—whether their adult needs or the needs of the child within. The difficulty is often rooted in embarrassment about having "weaknesses" or feeling childishly needy. Attempting to live up to perfectionistic standards reinforces this difficulty. A pattern of denying needs may also stem from a childhood in which the parents were absent, either physically or emotionally. A child in such circumstances often learns to parent the parent—that is, to attempt to tend to the parent's needs—in order to make the parent present for the child. The child ends up sacrificing his or her own needs in the process. For example, a child who has to "fix" mother's depression is not allowed his or her own tears about mother's emotional absence. The child learns to suppress and deny his or her own needs and feelings. When such an individual is an adult, the needy child within becomes an embarrassment. The inner child, with its feelings of entitlement, envy, jealousy, anger, sadness, and depression, must be banished from conscious acknowledgment.

RECOGNIZING THE INNER CHILD

How can we identify the presence of the inner child hidden within us? How does the child within attempt to get noticed? The attention-seeking energy of the child may go outward through slips of the tongue or forgetfulness, as well as through behaviors that resist any self-reflection that could be growth-engendering. I remember a man who attended a course I once taught on dreams. He was adamant that he never dreamed at night—and never would.

The inner child may make itself known through an individual's desire to have an actual baby or child through childbirth or adoption. Marion Woodman, in *The Pregnant Virgin*, describes the situation of those who are coming to the threshold of adulthood. She says that many become preoccupied with having a real baby rather than taking the responsibility of first bringing their own inner child to a new birth. Fears about their own inade-

quacies and their own lack of identity can incline them to have an actual child onto whom they can unconsciously project their own unresolved life. Jung has said that nothing exerts a stronger influence on children than the un-lived lives of their parents.

Another way in which the inner child may seek our attention is through an individual's fervor to save an unborn child from abortion. In some individuals the inner child may manifest itself in the desire to have a pet. The pet becomes, for its owner, the outward, concretized substitute for the child within. The child within also presents itself to us in our night dreams. A dream figure may represent new possibilities for our growth and development or pinpoint areas within us calling for maturation. These are but a few of the ways our inner child attempts to get our attention.

ASPECTS OF INNER CHILD

Every child has two sides: one side is full of potential and creativity; the other is infantile and childish. In order for the creative potential of the individual to be released, the shadow, or infantile, side of the child must grow up, however painful this may be. I remember one conference speaker who said that she was personally tired of hearing about the inner child and wanted to hear about the adult who was to deal with that inner child. She decried the complacency of individuals who repeatedly attended religious events in order to get their inner child healed. She challenged the audience to grow up. The unfortunate response of many listeners was to put the inner child behind them—to abandon the child anew. While there is an element of truth in what she had to say—that is, the inner child does have to grow up—this can happen only when the adult ego has an ongoing and conscious relationship with that child.

According to Jung, the child within needs to be born into a new childhood (*renatus in novam infantiam*). Our task, then, is to provide the kind of inner environment that enables the child to have that new childhood. The inner child needs a childhood in which those holes made by the wounds from our relationships with our parents can be filled, so that the infantile side of us can grow up. Once the infantile side of the child can be acknowledged, "owned," and related to so that it can grow up, the creative side of the child can begin to be released.

BOUNDARIES AND WELL-BEING

An outer child's initial relationship with parents needs to be what Adolf Gugenbühl-Craig calls a relationship for well-being. In growing up, however, the child needs to be directed beyond well-being and toward salvation.

Of all the mammals, the human newborn is

perhaps the most physically vulnerable; it is even more vulnerable psychologically. The infant's world is close to the chaotic world of the unconscious. Consider both the inner and outer experiences of someone who does not have an ego strong enough to order the chaos and to make judgments and decisions in order to survive in the world: this is the world of the child. The child has no protective physical or psychological boundaries. Both an inner world and an outer world of chaos impinge on the infant, who depends on a secure and loving relationship with the parents for nurturance, protection, and containment from the chaos of both of these worlds. Childhood nightmares and monster dreams are manifestations of inner chaos.

The young child needs parents to provide boundaries so that the relationship with them can act as a container for the inner and outer chaos the child experiences. The child also needs the parents' help in the development of boundaries, which serve to protect and increase the value of the child's experience so that he or she can develop self-trust and self-competence. In other words, the interests of the child need to be promoted.

A child experiences the worst rejection when his or her interests and needs are abandoned in favor of someone else's. Such a child is taken advantage of and used by the parent or other individual who projects his or her own shadow onto the child. When a parent or caretaker is unable to distinguish his or her own issues, feelings, and needs from those of the child, the child takes on this unconscious side of the parent. The child's resultant experience is shame—a deep sense of unworthiness.

Jung pointed out that the un-lived lives of parents are passed onto their children, who are driven unconsciously toward compensating for everything that was left unfulfilled in the parents' lives. The children carry the parents' shadows. This explains how excessively rigid or morality-minded parents can have "unmoral" children, and how irresponsible parents can have children who grow up to be quite the opposite.

The wounded inner child, in the guise of the adult, may seek to get entrenched in an outer relationship with blurred boundaries. Although this may feel safe, the individual often ends up with a lot of "safety" at an expensive price, and without attaining much growth or having much meaning in his or her life. The result is an illusory closeness—illusory because it is without the relational boundaries that enable the individual to withstand the experience of authentic closeness while maintaining personal integrity and autonomy. There is no way that the child within can sustain the responsibilities and demands of adult intimacy. What often happens is that when fear sets in, the individual either leaves the relationship, or stays in the relationship and attempts to survive by identifying with the other by merging and losing himself or herself.

SPIRITUALIZING PERSONAL EXPERIENCE

From a developmental perspective, the experience of merging and losing oneself is characteristic of one of the earliest stages of ego development. It is often confused, however, with the final phase of ego development, in which the values of the ego are no longer of central concern—and in which, as Ann Ulanov writes in *The Feminine in Jungian Psychology and in Christian Theology*, “the [adult] ego correlates its purposes with the intentions of the whole psyche.”

The final stage of psychological development involves being able to subordinate personal wishes to the greater power and meaning of the larger center of the self. There is even a religious quality to this experience, which is sometimes perceived as following the will of God or of Christ within.

To reach this final stage of development, the individual needs to be able to move beyond the safe confines of well-being. This involves beginning the differentiation of one's ego by moving from an unconscious identification with others to the establishment of boundaries and an emphasis on “I,” “me,” and “mine.” This step is necessary in order to establish one's separate identity and to find one's center. Richard Rohr, in his book *Simplicity*, points out that the more we become sure of our own center, the more we can open our boundaries and be relational with others and with God; “otherwise [we]’ll spend [our] whole life defending those boundaries” and remain cut off and closed.

The inner child, out of fear, may resist strongly this differentiation and boundary setting. An inner voice may castigate us for being selfish or self-centered. The inner child may attempt to spiritualize this resistance to ego differentiation in accordance with the gospel injunction to deny oneself and follow Christ. This religious formulation and others like it describe the later phase of ego devotion to the self. We may think we are at the final stage of development, but in fact we are stuck in the initial stage.

This “spiritualizing” of experience is common to many charismatics. In *Tongue Speaking* Morton Kelsey points out that the charismatic experience is “a *rite d'entrée* to the deepest levels of the psyche.” It is one of many entrances into the spiritual realm. As with any initiation into the Mystery, we can get stuck in the introduction itself and think that it is the whole experience. This happened to the apostles at the transfiguration of Jesus (Luke 9:28–36). When this is the case the initiation becomes “a short cut to religious and psychological growth which stunts it instead of giving full measure.” Here there are certainly no confused struggles about God. In a similar vein Rohr describes the charismatic experience as “a wonderful point of departure, a first step of faith . . . but the next steps simply don't happen there.”

RELATIONSHIPS FOR WELL-BEING

The concept of well-being in adult relationships, from both the psychological and spiritual perspectives, usually connotes physical comfort and the absence of anxiety, painful emotions, and conflicts. It is based on a mind-set that emphasizes togetherness. Togetherness and sameness in relationships for well-being—often substituting for authentic adult intimacy—replicate the original symbiosis with the parents, in which the parents carry the self for the child, and the boundaries between child and the parents are undifferentiated and blurred.

In relationships for well-being, one's center is misplaced in the other person, rather than in oneself. Boundaries are either weak or nonexistent. An outer relationship for well-being is static; it allows only for the experience of sameness. It blocks transformation because it does not allow for the experience of otherness, which is needed in an adult human relationship and certainly in a mature relationship with God.

The child within needs to be reborn into a new childhood. Outer relationships for well-being keep the inner child—and, of course, the individual—in the old childhood, with the wounding holes not filled. Rebirth for the inner child can take place only in relationships in which transformation can occur—in relationships for salvation.

RELATIONSHIPS FOR SALVATION

The concept of salvation is familiar to us through the language of religion. Salvation is about rebirth, growth, integration, and achieving wholeness. It is a process, not something static. Salvation describes health and soundness, being whole, safe, and uninjured. At the same time, as we know from its religious context, salvation does not necessarily describe a happy, comfortable earthly life. In religious language, salvation means seeking and finding contact with God, and I know of no way to find contact with God without confronting suffering and death.

Richard Rohr has said that a good deal of religion is not healthy. For him, much of institutional religion is not a search for God or a search for love; it is usually a search for security—an attempt to maintain self-image. It is a search for well-being, not a search for salvation.

Salvation and well-being involve different goals. The path to happiness and well-being does not necessarily include suffering. A person who seeks salvation risks wrestling with the stranger, as Jacob did; risks meeting the other; risks facing darkness. A person who seeks salvation confronts death in its many forms. He or she risks facing the unknown in oneself—facing God there. This brings with it very frightening prospects, “for to see the face of God is to die” (Judges 6:22–24, 13:17–24).

Salvation is about rebirth, growth, integration, and achieving wholeness; it is a process, not something static

In the Christian worldview salvation is inexorably linked with the inner child. When we look at the gospels from an inner perspective, the words of Christ take on a wholly new and vital meaning: “I tell you solemnly, unless you change and become like little children you will never enter the kingdom of heaven. And so, the one who makes himself as little as this little child is the greatest in the kingdom of heaven. . . . It is never the will of your Father in heaven that one of these little ones should be lost” (Matthew 18:1–14). A major task for Christians is to search for and to value this lost part of ourselves.

In a relationship for salvation the adult ego is present and in charge. It takes responsibility for rebirthing and parenting the inner child and providing it with a new childhood. It ensures that adult needs as well as those of the inner child are met. A relationship for salvation is based on a relational separateness—a way of being together that allows for individuality and indivisibleness, rather than a way that allows only sameness. It is a relationship in which one can find one’s own soul, and in which one is open to the experience of otherness, and thus to the experience of God.

FROM WELL-BEING TO SALVATION

When we set our energies toward moving from relationships for well-being to relationships for salvation, we consciously take on the responsibility to do the parenting of the inner child. We tend to its needs with tenderness and compassion. We set protective and limiting boundaries for the child within—boundaries that the childish part of us may resist, or may find discomforting and even

painful, but boundaries that it needs in order to grow up. We do this to enable us to get our adult needs met, and also to ensure that the adult, not the inner child, is the one who relates to others.

To be able to experience and honor otherness outside ourselves, we need to be able to experience and honor it within ourselves. Jung wrote that “the ‘other’ in us always seems alien and unacceptable.” The child within is that other. To those who have abandoned the inner child early in life, that child is also a stranger.

The place of the stranger in the schema of salvation is significant. In the prophetic legend of Elijah, alluded to in the gospels, Elijah is to return to announce the coming of the Messiah (Mark 9:8–12). This is commemorated in the Jewish seder ritual, in which a place is set to receive the uninvited guest—the stranger, Elijah—who is to announce the Day of Salvation.

In the gospels we read also that it was the stranger who appeared to Mary, announcing that the Holy Spirit would come upon her and that she would conceive the Son of God. It was two strangers at the empty tomb who revealed to the women who came that the crucified Jesus had risen from the dead. In the parable of the Good Samaritan, Jesus strikingly portrays the stranger—a despised one, at that—as the bearer of salvation.

In our Christian tradition, as James Hillman points out in “Abandoning the Child” (in the book *Reclaiming the Inner Child*, edited by Jeremiah Abrams), “‘child’ refers to the simple, the naive, the poor and the common—the orphans—of society and of the psyche, as it did in the language of the Gospels, where child meant ‘outcast’ and estranged—the pre-condition for salvation.” This underscores the significance of Christ’s words: “Whoever welcomes a child such as this for my sake welcomes me. And whoever welcomes me welcomes not me but the one who sent me” (Mark 9:33–37).

We must have the courage to contact and receive the child within if we are to begin to take responsibility for getting that child’s needs met. When we don’t take that outcast and estranged other into account, we unconsciously identify with that part of us. We then are inclined to live our life out of the child’s worldview. Such an identification embodies a view of life colored with childish illusions and expectations, as well as needs that may feel overwhelming. If the child within is not acknowledged as other, we will have difficulty taking into account all others—including God.

CHILD WITHIN SUFFERS

The inner child is the suffering part of us, the part of us that experiences holes or wounds that need filling or healing. Most people are unaware of the pain they carry within—the “wound that is un-

Honoring the grief of our inner child takes us into that chaotic state which the medieval philosophers and alchemists described as *prima materia*, the basic stuff of creation

aware of its own pain," as Hillman puts it. Stephen Levine imagines the ear-piercing cry that would be heard if a voice could be given to our bellies, which carry so much of this pain.

The adult can take life as it is and therefore doesn't suffer as much as a child. The sufferings of childhood, as von Franz points out in *Puer Aeternus*, are the most painful—even sufferings over things, or in situations, that are objectively insignificant or of little consequence. This is because as children we are whole and whole in our reaction. When a child experiences some kind of loss, such as the loss of a prized toy or of the opportunity to do something long anticipated, he or she experiences that loss as a tragedy. It is the child part of us that cannot take reality or that still reacts with an intense feeling of "wanting it all," "my way or no way," or "if things don't go my way, then it is the end of the world."

The fear of owning and acknowledging this childish and infantile part of us may be so great that we often split it off from our consciousness, along with our fear itself. We may unconsciously choose to see ourselves as victims. We may be inclined to suffer from great emotional ups and downs, being "too sensitive" and easily "hurt." Yet until we come to terms with the part of us that needs to grow up, there is only one cure, and that is suffering. The cure for the pain is the pain, as the Sufi mystic Rumi teaches us. When we have suffered long enough, we develop. There is no way around this problem, and, as von Franz describes it, it can be like torture for that childish part of us. The more we are directed toward well-being rather than salvation, the more we will have to suffer.

So often we act out of the inner child's promptings but are embarrassed to acknowledge, relate to, and feel with that child consciously. To consciously experience our child in an inner way—to make the differentiation between child and adult—is an experience of metanoia (a reversal of standpoint), for it is to enter into the chaotic world of the child within, which is opposite the ordered world of the adult.

To be in the chaos of the child can be to experience holes of loss, depression, rage, sadness, confusion, and conflict. Only the tears of our pain and grief can fill these painful holes in our psyche and heal the wounds we bear from long ago.

Robert Bly adverts to this grief in his description of the pond in the Iron John tale. Iron John rusted in the pond of his unconscious grief. Our task is to make conscious our grief. Allowing our tears to flow, honoring the grief of our inner child, takes us into that chaotic state of the child which the medieval philosophers and alchemists described as *prima materia*—"first matter," the basic stuff of creation. The child is the first matter of the adult.

There is an axiom in alchemy that things cannot be changed until they are reduced to their first matter. Psychologically, the fixed and rigid aspects of our personality do not allow for change. For any transformation to take place, these static aspects of our personality must first be dissolved or reduced to first matter.

A TIME FOR WATER

Of the major operational procedures in alchemy, *solutio* (the reduction to liquid) was considered the root of alchemy. One axiom put it this way: "Until all be made water, perform no operation." The purpose of *solutio* was twofold. First, it caused one form to soften and even to dissolve and disappear—to be reduced to first matter. Second, it caused a new, "rebirthed" form to emerge from this first matter.

In our dreams the symbolic representations for *solutio* are images of bathing, taking a shower, swimming, and so on. For the Christian, these images relate to the symbolism of baptism, which Edward Edinger, in *Anatomy of the Psyche: Alchemical Symbolism in Psychotherapy*, describes as "a cleansing, rejuvenating immersion in an energy and viewpoint transcending the ego, a veritable death and rebirth." Paul talks about his own pending experience of *solutio*, his dissolving, in 2 Timothy (4:6), when he tells us that he is "already being poured out like a libation. The time of my dissolution is near." Rumi longed for this *solutio* when he prayed: "Dissolver of sugar, dissolve me, if this is the time. . . . How else can I get ready for death?"

Scripture selections for the liturgy of the Easter season teach without tiring that the Christian, by

baptism, is called to acknowledge and receive—in a whole and experiential way—the reborn part of himself or herself. Peter tells us that “just like flesh-and-blood newborn children who thirst for milk” (1 Peter 2:2), we have to experience the needs of the inner child. We need to listen to the child within, long lost, abandoned as if dead; “for what was treated as having a mouth that was dumb, through rebirth Wisdom has made the tongues of babies speak” (Wisd. of Sol. 10:20–21). The very receiving of that reborn child brings with it an energy that is powerfully re-creative.

Paul, in his Letter to Titus (3:5–8), tells us that salvation comes to us when we acknowledge that part of us is “reborn by means of the cleansing water. . . . And this is doctrine that you can rely on.” The effect of the waters of baptism is a return spiritually and *in potentia* to our spiritual womb, or first state. Our task as Christians is to live out this rebirthing through connecting with the child within and to effect our salvation.

To bring ourselves into this place of spiritual rebirthing, we must prepare ourselves psychologically. To do this we have to soften and dissolve our rigid psychological structures and allow ourselves to enter into an ordeal of purification. We need to undergo this *solutio* experience—this “water time”—in order to consciously live out our baptism.

Culturally, many people have a difficult time with tears. Having a “water time” is generally viewed negatively. Many have learned that it is safe only to cry within. Western culture sends a strong message that “big boys and girls don’t cry.” I was at a funeral for a woman who had two surviving daughters. One daughter was honoring her grief with copious tears. Her sister went over to her and in sharp words told her, in effect, to “suck it in.”

We grow up with the notion that no one wants to be around someone who’s feeling sad or depressed—a notion reinforced by such messages as “Smile, be happy,” “Be positive,” and “Other people have it worse than you.” More than likely, we have grown up with the experience that our pain and grief have been denied and devalued. We have a right, as well as a deep-seated exigency, to honor our pain and grief. We need to make a time and a place for our tears.

CHILD LOST IN CHAOS

What enables us to get through the chaotic time of *solutio* is the experience of being valued. In the context of Christianity, faith embodies that experience. Faith is the firm trust that we are valued by God, that we are holy in spite of all of our shortcomings and mistakes. In meeting our inner child in its own chaos, we need to believe and trust that we will survive the experience.

In Greek mythology Chaos is the mother of Eros

and creativity. A new creation or rebirth comes forth from Chaos. New potentials are made available to us. The creative potentials of the child are made available to us, and we are able to become relational in a new way. At the onset of rebirthing and in the in-between time, however, this is furthest from our experience.

When we move into the vulnerability of chaos, we are brought, paradoxically, to a new inner strength that comes from our center. In my experience, there are two kinds of vulnerability. One is a weak vulnerability that makes and keeps us victims. This is our lot when the inner child masquerades as the adult. A strong vulnerability, on the other hand, is experienced when the adult owns his or her shortcomings and weaknesses. This is a centered vulnerability that makes the adult ego strong and present.

To get through the chaos, we need to consciously honor the tension that arises out of the conflict between what the child within needs in order to grow up and what the adult needs. We will experience an inner resistance to move toward relationships for salvation. This comes in part from the inner child, which greatly fears being abandoned again; it also stems from fear of the unknown.

A relationship with the adult ego, in which the boundaries are clearly defined, is initially a foreign experience for the inner child. When the need arises for us to move into these areas of ourselves, we may have dreams relating to a foreign country. The child within is afraid of leaving the comfort of an outer relationship for well-being to seek a relationship for salvation. A relationship for salvation is compassionate and nurturing for that child. It also embodies a loving parenting to foster growth—but not without tears.

Our task, then, is to seek out what was lost within ourselves, to find that fearful, vulnerable child within that was lost and abandoned years ago. Knowing this clarifies the words of Jesus: “Unless you change and become like little children you will never enter the kingdom of heaven. . . . It is never the will of your Father in heaven that one of these little ones should be lost” (Matthew 18:1–14).

The inner child is also a metaphor for the soul. Clarissa Pinkola Estés, in *Women Who Run with the Wolves*, recounts the belief of West Africans that “to be harsh with a child is to cause its soul to retreat from its body, sometimes just a few feet away, other times many days’ walk away.” She elaborates: “Where there is gross injury, the soul flees. . . . Sometimes it drifts or bolts so far away that it takes masterful propitiation to coax it back. A long time must pass before such a soul will trust enough to return, but it can be accomplished. The retrieval requires several ingredients: naked honesty, stamina, tenderness, sweetness, ventilation of rage, and humor. Combined, these make a song that calls the soul back home.”

"A CHILD SHALL LEAD THEM"

Jung said that in every adult there is hidden a child—"an eternal child, something that is always becoming, is never completed, and calls for unceasing care, attention, and education. That is the part of the human personality which wants to develop and become whole." It is this child in each of us that paradoxically calls us to follow as it leads us back into its shadowy experience, its shadowy feelings—through its dark and infantile side and into the experience of salvation and the divine. For the movement backward and downward, as Murray Stein says, the child is the guide.

A paradoxically healing tension and energy arise when opposites come together for the experience of salvation and of God: the young and the old, the child and the adult. I am reminded of the passage in Isaiah (11:6): "The wolf shall live with the lamb, the panther lie down with the kid, calf and lion cub together, and a child shall lead them."

The child within invites us to be led into its chaos. Chaos is our closest experience to God. None of our human, creaturely mental constructs or psychological defenses can stay intact in the presence of God, who is totally Other.

How much energy do we expend defending ourselves against such an experience of the Divine? How much energy do we expend defending ourselves against our own inner chaos, seeking order and overcontrol in all their compulsive forms? How much energy do we expend distancing ourselves from the chaos of this inner child of ours, scoring deeper and deeper its wounds of abandonment, exploitation, and rejection?

MYSTERY OF THE NEW CREATION

In the Genesis creation account (1:1–2) we read: "In the beginning God created the heavens and the earth. Now the earth was a formless void, there was a darkness over the deep, and God's spirit hovered over the water." Commenting on this text in *The Feminine in Jungian Psychology and in Christian Theology*, Ulanov points out that God's Spirit placed itself in direct relationship to the formless

void, the chaos. It didn't try to fix it or make it better, or even to make it go away. It "hovered over" until the creation came about. She writes that "The first step in the creative process . . . is simply to withstand chaos. . . . For anything new to come to birth, we must first be open to shapelessness, to lack of form. Most of us find this formlessness so disagreeable that we avoid it."

For our new creation, we need this brooding attitude. We need to hover over the experience of the chaos of the child within. Out of that chaos will come a new creation, a new wholeness, a new way of relating—and a new experience of the Divine. This requires a deep faith, a total trust that entering into the chaos will be transformative and not annihilating, as was the chaos we experienced in the rejecting and wounding parental relationship.

We are all called to enter into the Mystery of Saving Transformation. It is the child within who seeks to bring this transformation about, who can lead us into this transformation. The child within can lead us from well-being into salvation—but first we must seek, find, receive, and embrace it.

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Caring for Family Elders

Mary T. Carmichael, O.S.F., M.S.N.,
and JoAnn M. Burke, M.S.S., R.N.

While the economics of aging has occupied a dominant position in the administrative agenda of religious congregations in the past two decades, care of the frail elderly has become an increasingly commanding practical part of the daily life of religious. Many religious carry responsibilities for elder care in their families as well as in their communities. Some are overwhelmed with stress; some are coping well and finding personal and relational growth in the process; some are using family care as a refuge from the ambiguities of personal and contemporary religious life. All are pilgrims who are finding their way in this era of longevity. Caregivers have basic needs, and religious congregations have an obligation to support their caregivers because we are all on this pilgrimage together.

NEEDS OF THE CAREGIVERS

The polarized sex roles that result from childhood socialization in Western society have resulted in a feminization of elder care. Typically, women have assumed the nurturing, personal-care aspects of elder care that are associated with femininity in this culture. They bathe, dress, and feed those who need assistance, help them use the toilet, and give them emotional support. In contrast, men have been more involved in the protective, assistive aspects of elder care that are associated with mas-

culinity. They manage financial assets, repair storm windows, maintain lawns. Yet midlife development offers an opportunity to move both sexes away from these rigid sex roles.

Developmental psychologists such as David Gutmann, author of *Reclaimed Powers*, describe a shift in midlife, in both genders, toward integration of the masculine and feminine. Thus, women can begin to be more open to the protective, assistive aspects of care, and men can become more open to the nurturing, personal-care dimension. Rachel Pruchno and Nancy Resch, in an article in the *Gerontologist* (1989), suggest that caregivers for elders may experience less stress if they can achieve this natural integration of the feminine and masculine parts of their personalities.

A supportive environment is needed to facilitate this personal growth process; otherwise, persons may be pushed back into sex-role polarization. Over the past twenty years women have slowly developed some of the protective, assistive aspects of themselves as it has become more socially acceptable for women to be involved in many occupations and roles that were traditionally assigned to men. On the other hand, men receive little cultural support in moving into roles that were traditionally held by women, such as caregiver to family elders. Women need encouragement to seek and accept assistance in elder care so they do not become imprisoned in the nurturing, personal-

assistance dimension of care. In addition, they may need support to learn some of the protective, assistive functions that have been performed by men in the past. Men need support in learning the nurturing, personal-care aspects and letting go of some of the protective, assistive ones. Perhaps the increasing need for elder care in this culture will help move us out of rigidly polarized sex roles that divide us in interpersonal ways.

The developmental needs of caregivers have interpersonal as well as personal facets. Margaret Blenkner, in a chapter of *Social Structure and the Family*, describes filial maturity as a midlife developmental task. The ability to see parents as persons apart from the parental role usually is not attained until midlife. Failure to relate to parents in an adult-to-adult way may leave one caught in immature behavior patterns with parents. This can result in painful or difficult consequences in the relational context of care.

RELATIONAL CONTEXT OF CARE

In a paper entitled "Family Caregiving" (presented at the March 1993 meeting of the American Society on Aging), Steven Zarit emphasizes that caregiver well-being appears to be influenced by the nature of relationships more than by the impaired elder's health status and needs. Because we live in such an individualistic society, the relational context of care seldom receives the attention it deserves.

We are born into a community of care across time. This community of care links us with the past, grounds us in the present, and moves with us into the future. We first experience this care as children in our families of origin, then participate in it as adults in our relational networks, and finally leave a legacy of care to those who follow us. Elder care is part of the fabric of care that connects us across time. In their book *Invisible Loyalties*, Jane Bozormenyi-Nagy and Geraldine Spark discuss the relevance of balanced elder care to the nurturance of succeeding generations. In a spiritual sense, balanced elder care yields energy for generativity. Without balance, caregivers suffer impaired well-being and diminished generativity.

RESOURCE MODEL OF CARING

Stresses and resources may be present in many areas of a caregiver's life. Leonard Pearlin's model of stress and coping in family caregivers of relatives with Alzheimer's disease, outlined in a 1990 article in the *Gerontologist*, provides a background for the following resource model, which JoAnn Burke developed while working with women in religious congregations who are involved in elder care. Identifying areas of stress and tapping re-

sources that relieve the stressors provide a way to think about and address the needs of caregivers. The goal is to provide support for caregivers and care receivers so that no one is left in a state of depletion. The resource model is a tool that can be used in the provision of congregational support services to members who are family caregivers.

I. Identify Areas of Stress and Particular Stressors

- a. Primary stressors occur as a result of the needs and characteristics of the care receiver (e.g., inability to walk, incontinence, confusion, hostility, insomnia, financial need).
- b. Secondary stressors occur as a result of the needs and characteristics of the caregiver and the caregiver's relational context and are divided into two areas:
 1. Role strain (e.g., trying to maintain a full-time congregational ministry while involved in full-time family caregiving).
 2. Intrapsychic/relational/spiritual strain (e.g., fear of one's own diminishment; unresolved conflict in relationships, resulting in relational imbalances (e.g., immature dependencies, compulsive caregiving).

II. Tap Resources to Alleviate Stressors

- a. Assess the needs of the care receiver and rework the plan of care to include more balanced and suitable ways to assist him or her (e.g., bring in others to help with care or locate a more appropriate setting for care).
- b. Assess secondary stressors and tap care resources (e.g., rework role responsibilities; access more spiritual resources; connect with emotional support of friends and other supportive persons; address relational issues with those involved; obtain professional help if needed; support men in developing the nurturing, personal-care aspects of themselves; support women in developing their protective, assistive aspects).

SUPPORT FOR FAMILY CAREGIVERS

Many congregations of men and women are making specific efforts to address the needs of their family caregiving members. The support services provided vary widely. Some religious communities budget for financial assistance to needy families. One men's congregation has purchased services from a care management firm that processes medical insurance claims for the congregation and provides a registered nurse who functions as a care manager. She handles all the paperwork for Medicare claims and is available to assist caregivers in identifying stressors and obtaining needed resources. The care manager is involved in setting up

home care services for members within local communities and could be available to help family caregivers. One women's congregation has a full-time support person for its caregivers; another has a congregational caregiver committee.

Supporting caregivers means looking beyond those members who are in their middle years. Family caregiving for religious is not limited to parent care. Many members over the age of 70 are involved in helping their siblings. Often, such caregivers also experience age-related physical limitations, yet find themselves performing tasks beyond what their physical energies readily allow.

Old promises, such as "I will never put you in a nursing home," often lock family members into a task that is almost impossible. Even when family members cannot meet all the care needs required, they often refuse to accept care services that are available to them because they think they should be able to do everything themselves or because they believe they are the only ones who can "do it right." Congregational caregiver support services can help members identify stressors and mobilize resources when they are involved in family caregiving situations. Some may need no assistance; some may need only information about available health and social services; others may need more assistance as they struggle with complex care situations.

A CASE HISTORY

The experience of a woman religious whose congregation has a full-time director of family caregiver support provides an example of how the resource model of elder care can be applied in providing support services to caregivers.

Sister Martina called the congregational caregivers' office, and her voice reflected the stress she was experiencing. Her mother, Mrs. Walker, had recently been discharged from a rehabilitation center after undergoing knee-replacement surgery. She was recuperating at the home of her married daughter, who was finding it difficult to be the primary caregiver for both her mother and her mother-in-law, who lived nearby and showed serious signs of organic brain syndrome. Sister Martina was in an education ministry in a city several hours from her sister's home. She relieved her sister on weekends but found that to be inadequate. Having no other siblings to share the burden, she called the caregivers' office to discuss her concerns. After discerning, and in collaboration with community, Sister Martina moved with her mother into her mother's own home, to care for her until she could become more independent.

Months turned into years. Mrs. Walker's condition continued to deteriorate. She did not want home renovations that would have made it easier to get around with a wheelchair, but she used a

wheelchair and electric recliner chair provided by the family of a Sister in the congregation who no longer needed them. The motherhouse carpenter constructed a ramp at Mrs. Walker's house to assist in getting her to the physician. This reduced the need for Sister Martina to plan her mother's medical appointments around a helpful neighbor's schedule. These changes alleviated some of the primary stressors of physical care needs.

Secondary stressors and resources also were identified, and resources were tapped. During this period, however, Sister Martina felt isolated and became depressed over her mother's diminishment. She needed some respite. With congregational support, she obtained a part-time ministry in a local parochial school, which provided both a respite opportunity and congregational contact. The congregation's director of family caregiver services also suggested that Sister Martina join a caregiver support group.

Finally, Mrs. Walker was faced with the need for additional rehabilitation and surgery on the other knee. Sister Martina was unable to continue caring for her mother in her own home because of her mother's extreme disability. The physician recommended that Sister Martina search for a long-term care facility where her mother could receive rehabilitation. The congregational director visited several long-term care facilities with Sister Martina and assisted the family in evaluating the care provided by each and selecting the one to which Mrs. Walker was admitted.

Mrs. Walker has had a stormy recovery from surgery and is still unable to walk. Sister Martina continues to live alone in her mother's home, waiting for her mother to progress to the extent that she can be cared for at home. She spends occasional nights with her local matrix community nearby. Meanwhile, she has identified her difficulty in being assertive with the many health care providers with whom she deals. However, she is unable to discuss sharing the caregiving with her sister and is becoming lost in the caregiving relationship with her mother. She spends her time after school and into the early evening with her mother.

Sister Martina could benefit from some professional help with her developmental need to bring forth the more protective, assistive aspects of herself in order to address relational issues with her mother, her sister, and the health care providers. Zarit notes that brief family therapy interventions (one to four sessions) with family caregivers can be helpful in addressing problems of secondary stressors that the caregiver, family, and community cannot resolve.

The optimistic goal for the health care providers and the family is to assist Mrs. Walker to return to her home, where she could be moderately independent and receive care from her daughter. The congregation's goals for Sister Martina are to sup-

port and assist her to be spiritually, emotionally, and physically healthy while she ministers to her mother. Throughout these difficult times, efforts are made to induce her to be bonded in congregational life and mission.

FAMILY CAREGIVING AFFECTS CONGREGATION

Congregations are being affected in ways that are filled with stress (pain) as well as with resources (possibilities). Some members ask for missions that will place them near the relative who needs care; therefore, congregational visioning for future ministries becomes limited. Also, after the time of caregiving is over, additional help is needed to assist caregiving members in becoming more deeply integrated into the congregation. Caregivers must go through the grieving process after the death of a loved one, as well as attend to the closure of the homestead, which brings additional emotional strain. Afterward, it becomes apparent to returning caregivers that their congregations have continued to change during their absence.

Family caregiving can be simple yet time-consuming, or it can be complex and exhausting. Juggling congregational ministry and family care usually brings about the sort of stress with which the "sandwich generation" is so familiar. Religious are among those designing a blueprint for how to live in this era of longevity, when more live longer than ever before. It is a time to bring together energies so that nobody walks this meaningful walk alone. This will help members and congregations to identify the resources that exist in the midst of stresses and to cocreate supportive environments of care.

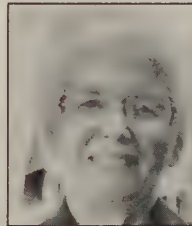
Elder care is a normal part of life and ministry, but it is often pathologized and medicalized. In addition to being highly experienced in the relational aspects of elder care, which may leave them in either a state of depletion or a state of growth, family caregivers become knowledgeable about home care services, Medicare and insurance programs, and the management of admissions and discharges from hospitals. They are a valuable resource to congregations, as health care reform is

moving society away from an institutionalized elder care system and toward more home-based care.

While the economic dimension of elder care can be overwhelming to religious congregations, the relational dimension of elder care offers possibilities even in the midst of pain. Caregiving and caregivers have opened a vast new world of opportunity for religious. Accompanying one another on the precious and privileged yet difficult journey of family caregiving gives us opportunities to "walk what we talk" by being true sisters and brothers to each other.

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Psychosynthesis Assists Spiritual Direction

John A. Rich, M.M., M.A.

Achieving human wholeness in the process of spiritual development involves getting in touch with, and responding to, unconscious contents. In my article "Achieving Human Wholeness" (HUMAN DEVELOPMENT, Winter 1990) I focused on the use of dreams to bring unconscious contents to the surface, while only mentioning the use of guided affective imagery. In this article I will explain the process of psychosynthesis, which helps integrate the unconscious content of the psyche toward wholeness, as well as the use of guided affective imagery.

LEVELS OF UNCONSCIOUS

The model of the unconscious that I prefer is that presented by Robert Assagioli in his book *Psychosynthesis*. Assagioli posits three levels in the unconscious: higher, middle, and lower. In his model, the lower unconscious represents our drives and basic urges and is the place where the repressed and unacceptable parts of our personalities are buried. Any contents derivative of traumas or frightening events experienced in childhood are probably held there. Also associated with the lower unconscious are gifts and abilities that may have been repressed because of the refusal of parents or significant others to promote them.

The middle unconscious is where recent past experience is stored. We have easy access to this

level and can surface memories of such events and emotions readily.

The higher unconscious houses our untapped potential, inventions, inspirations, and visions. As we grow and develop via activation of the unconscious, the potentials of our higher unconscious become actualized in consciousness, and repressed material and experiences in our lower unconscious surface to be dealt with and healed.

EARLY CHILDHOOD CRITICAL

None of us grew up in a perfect family or home situation. We experienced many problems and emotional upsets in our relations with our parents or caretakers. In *Childhood and Society* Erik Erikson posits four states of early childhood that affect healthy growth. Stage one he calls trust versus mistrust. If trust is not properly developed, we have a poor self image and/or feel abandoned. The second stage is autonomy versus shame or doubt. The issue here is the ability to gain some kind of control over ourselves. If we do not, we are left with a sense of failure and shame. Stage three is initiative versus guilt. If initiative is not developed, we feel inadequate and shut down. The fourth stage is industry versus inferiority. Here we need to be encouraged to do what we can, or else we develop feelings of inferiority.

Certain other needs, articulated by Abraham

Spiritual directors have to take the inner journey into their own unconscious to discover where they need healing

Maslow in his book *The Farther Reaches of Human Nature*—for example, adequate food, clothing, and shelter; security regarding these; and being loved and able to express love—also have to be met during early childhood development. Otherwise these needs end up as unfinished business buried in our lower unconscious. Any kind of abuse—physical, emotional, or sexual—will also leave repressed unconscious contents.

Carl Jung calls reinforced patterns of behavior or major unresolved traumas “complexes.” These patterns or traumas are usually experienced in childhood and created by restrictions, injunctions, and limitations imposed by significant others, especially parents. These complexes involve negative feelings that have to be made conscious if healing is to occur.

Jung also spoke of “imagoes,” which are internalized images of people we know. These imagoes are characterized by personality traits, usually negative, that become a part of us. We need to confront these images in order to dispel their negativity and to release the positive gift or quality they can give us in our journey toward wholeness.

FIVE STAGES OF HEALING

According to Assagioli, the healing process has five stages, which activate positive energies:

1. Recognition: the complex or imago exists; it's a part of us.
2. Acceptance: we see its positive side.
3. Coordination: we make deals with it, bring it into conscious connection with other parts of the self.
4. Integration: we fully accept it in our conscious life.

5. Synthesis: we become fully whole and alive (a stage we may never reach).

Guided affective imagery, also called the directed daydream, is one technique for bringing the contents of the unconscious to the surface. It is best done with a trained and experienced professional guide. I remember my first experience of guided affective imagery, which took place at a retreat house many years ago. I was scared to death but would not admit it. I was not able to let go of conscious control and to trust my inner wisdom and the Holy Spirit to direct me. It was like a game of cat and mouse, only I was both the cat and the mouse. I journeyed around and around in my imagination. I was not ready to trust, to take the risk that I would be led where I had to go in order to discover what I had to do in my spiritual saga.

GUIDED IMAGERY BRINGS HEALING

One guided affective imagery session I still remember vividly was related to trying to deal with my feelings of abandonment by my mother. Whether or not abandonment by my mother was factually true was not the point; my childhood perception that I was abandoned was the issue. As I quieted down and relaxed with my spiritual-director guide, I imagined that I went to a meadow—my place of inner calm, peace, and safety. There my wisdom figure, Jesus, and I greeted one another. We began a journey into my lower unconscious. What surfaced was the image of a little boy standing in a playpen, with no one around. The little boy was crying as if he had been abandoned. I felt his pain and went over and picked him up to soothe him and to reassure him that he was not abandoned.

After this and other similar imageries, I discovered that I had a residue of resentment against my mother—that is, the imago of my mother that was in my unconscious. I finally got to the point of dealing with the anger by confronting that negative mother. In my imagery with that figure, my anger raged. My spiritual guide suggested that I do something about it. I grabbed a baseball bat (representing my favorite sport) and whacked her silly. She fell down, and I pounded her until she turned into a rag doll. But that wasn't enough. I took a scissors and cut the doll into strips. When I finished, I was exhausted.

My guide asked what I was feeling. I said that I felt that I was finally at peace. He asked if I was ready to bring her back. I was ready. Jesus agreed. With Jesus' help she was resurrected, in the form of a fairy godmother with a beautiful silver gown and a magic wand. She would be there for me whenever I needed her. The energy I had used to deny my anger and keep it from my consciousness was now transformed into positive energy.

Guided affective imagery techniques evoke the contents of the unconscious. Sometimes the contents contain positive qualities and personality traits we have not recognized. At other times repressed material that carries an emotionally negative charge can be dealt with through guided affective imagery, and healing can take place. We can rectify to some extent the negative psychic residue of childhood traumas and unmet needs. The past cannot be changed, but our emotional reaction to it can be changed. In later sessions I was able to let go and to allow the Holy Spirit and my inner wisdom to lead me toward wholeness and integration by discovering where I was emotionally blocked.

USEFUL IN SPIRITUAL DIRECTION

For many years the use of guided affective imagery to accomplish Assagioli's five stages of healing has been encouraged by Dr. Harold Edwards, a Disciple of Christ pastor from Austin, Texas. Through summer intensive workshops in spiritual direction, he has developed a psychosynthesis approach that combines principles of classical spiritual direction as experienced in the Catholic church, the model of Assagioli, and experiential learning processes. This approach incorporates the best of contemporary psychology (behavioristic, psychoanalytic, humanistic, and transpersonal) in a process that is designed to facilitate growth in self-knowledge, movement on the journey toward wholeness, and the experience of love and oneness with self, others, and God.

Edwards's process effects a paradigm shift that assists people in integrating their personalities and in becoming responsible, creative, loving persons who know and do the will of God. The process enables people to continue their spiritual growth while avoiding potentially addictive counseling, psychotherapy, and group self-help programs.

The process puts people in touch with the greater wisdom of the transpersonal (higher) self and with the healing power of God's grace, or the Holy Spirit. It is our conscious (personal) self that experiences the different faculties of our human nature. Our consciousness constantly gathers data through our senses, intuitions, thoughts, feelings, imaginations, and desires. Our conscious self is the channel that brings our unconscious potential and our complexes to consciousness so that we may grow toward wholeness and healing.

Edwards's intensive workshops in spiritual direction are for all persons who seek healing of childhood traumas, dysfunctional family patterns, and self-defeating or self-destructive behaviors that restrict or prevent intimacy and the practice of the two great commandments of love of God and neighbor, as well as for aspiring or practicing spiritual directors.

KEY TO WHOLENESS IS WITHIN

One of the assumptions of Edwards's approach is that the source of our wholeness is within us. All we need for our continued growth and development is contained in the human spirit. Another assumption is that God will show us the way. God is present in human experience and intimately concerned with each person. We are spiritual beings created in the image of God, and the Holy Spirit is present to guide each of us into wholeness to bring about the reign of God on earth. Thus, it is really the Holy Spirit who is the ultimate director in the process of spiritual direction.

In an unpublished article entitled "A New Educative Paradigm: A Psychosynthesis Approach to Spiritual Direction," Edwards states:

Spiritual direction is both an art and a science. Both can be learned and any one who wishes to become capable of teaching souls must apply him or herself to both. The process is fostered under the guidance of the Holy Spirit. The practice of spiritual direction evolves from Jesus' promise that the Holy Spirit "dwells with you, and will be in you" (John 14:17) and will "guide you into all the truth" (John 17:13). It is an art in the sense that a spiritual director must be very skilled in teaching and guiding the directed toward wholeness (being able to love God, self, and others completely). It is a science in that the methods, discipline, and understandings have been developed, tested and proven over centuries of practice.

I am fully convinced that spiritual directors have to take the inner journey into their own unconscious to discover where they need healing. Therapists know that merely understanding where we are blocked helps us cope, but it does not remove the block unless that block is only mental. Emotional blocks deep in the psyche have to be healed through the emotions. Guided affective imagery, as well as dream work, are methods to get us in touch with our complexes and imagoes so that negative energies can be released and transformed into positive energies. When a spiritual director has made the inner journey and has experienced healing, then he or she can be a more effective guide for others. The Holy Spirit is the ultimate director. Other spiritual guides are the means whereby the Spirit can more fully enter the lives of directees.



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The Importance of Preparing for Endings

Reverend Michael D. Ausperk, M.Div.

Recently, I noticed that there was no caboose marking the end of a train. Since spotting that particular omission, I have not seen any cabooses on any trains. What seems to have replaced the caboose is a white strobe light on the coupler at the end of the last car in the long line of cars. I miss seeing the caboose and even the lone caboose resident—the man hanging off the railing of the caboose with a lantern in his hand. I think the absence of cabooses says something crucial, not just about trains but also about our society and our outlook on life.

The purpose of the caboose was to mark the end of the train, no matter how many or few cars were part of it. The crew of the freight train rode the caboose between stops. The caboose served as an important warning to waiting travelers that the train had completely passed the crossing. Now that the cabooses are gone, I have two questions: Where do the freight crews ride between stops (if there still are freight crews), and is a white strobe light enough to signal the end of a train?

ENDINGS UNWELCOME

As members of the human race, we generally do not like endings. We want the party, the dinner, the wedding reception, the sports season, the weekend, the vacation, and life in general to go on forever. We love birth and hate death. We adjust to a beginning much better than we do to an ending.

Few are the people who accept the death of a loved one as part of that person's life. Medical science has given the impression that life will someday be sustained indefinitely. If there is no cure today, there may be one tomorrow. Cryogenics has given hope to many people in their dying days that one day they will be thawed and cured to live again. Walt Disney's body lies frozen, awaiting a cure for whatever caused his death a few years ago. Ideally, when there is a cure for whatever cause his death, his body will be thawed, and the cure will be administered. Does this mean he has not entered the heavenly "Magical Kingdom" yet? How can death be a part of the life process if there will no longer be sickness or disease? Is this what we mean when we say "building the kingdom of God on earth"? I don't think God will ever turn earth into heaven. Death needs to be accepted as the end of this life on earth as we know it, not the end of life altogether. We have been assured that there is a better life to come, one that will be forever.

As we must accept and recognize the end of our human life, so too must we accept and recognize the smaller deaths around us. As a church we have difficulty accepting the closing of a parish, school, or institution, as well as the end of a committee, commission, or society. Like the trains of modern day, we do not accept the cabooses of our church and society as readily as we accept and adjust to their beginnings.

TIME TO LET DIE

Dioceses around the country are experiencing parish and school closings at an alarming rate. These “deaths” don’t just happen all of a sudden, without warning. Neighborhoods change, people move, and communities disperse, but certainly not in an instant. How much planning and study is being done right now, at the diocesan and parish levels, regarding how the church will serve a particular neighborhood or community in the year 2000 or 2020? The typical reaction to a parish or school closing is one of sadness and shock, and people from the suburbs or other areas rally to “save” the church building from the demolition ball. What we want to save many times is the building, not the parish or community. If there is no parish or community to serve, is a building worth saving because it was once a place of active worship? Would it not make more sense to celebrate what the parish did as a church community, close the building, and move the personnel and resources to where the people have moved? But often, after the caboose of the parish’s existence has been removed, we try to preserve the building forever.

Organizations and committees should experience the same kind of life-and-death process that humans experience. Membership in some of the largest Catholic organizations is decreasing at a rapid rate. Groups that began forty or fifty years ago and thrived for decades, such as Daughters of Isabella, sodalities, and rosary societies, are experiencing a severe decline in the number of new members. The members who die are not being replaced. This causes current members of the organization to ask, “What is wrong with the younger generation?” and “Why aren’t they interested in the church any longer?” I don’t think the younger Catholics are uninterested; however, I do think they are looking for activities and groups to join as families, not as individuals. This new approach may be the death warrant for many established organizations. No one is rejecting the objectives and purposes of such organizations, but maybe it is time to let them die in order to give new life to groups and societies with objectives and purposes closer to current family needs and societal changes. It was out of the ashes that the phoenix rose to new life.

Sometimes it seems as though committees and organizations begin a lot faster and easier than they die. It would seem to make sense that an organization’s goal is to not be needed any longer. If the original purpose has been accomplished or if no one is interested in joining any more, the group should accept its demise. It would be fitting for groups to include the following line in their charters or statements of purpose: “When the goals of this organization are achieved and/or when mem-

bership decreases beyond the number of members needed for the organization to function properly and effectively, this organization will no longer exist.” Is this not what happens to us in our earthly lives? Does it not make sense for this to happen as well to that which we create?

LESSONS OF EVERYDAY DEATHS

I once heard it said that if we do not accept the everyday deaths in our lives, then we will have difficulty accepting our own death. Do we know and see everyday deaths around us? How do we mourn these deaths? The smaller, immediate, everyday deaths are the key to accepting and coming to terms with our own death. These smaller deaths include the end of summer, the irreversible breakdown of an old but trusted appliance, or the mechanical problems that motivate us to trade in an old car. They may entail the sadness of moving out of a first home or apartment or the pain of separation that comes when one moves far away from loved and cherished neighbors. Sometimes even a celebration of new life can hint of death as well as birth and beginning. Major life events such as a wedding or an ordination to priesthood, which are beginnings and future-oriented, are often followed by feelings of being let down once the excitement and joy of the event is over. All of these small deaths prepare us for our own death, which in faith is our entrance to a greater and fuller life.

Recently, a parish staff met with the board of the local ladies’ guild. The group discussed dwindling membership in the guild and the lack of interest in its activities and meetings. The women reviewed their original purpose, as well as the societal changes that had occurred in the neighborhood and community over the past several years. When the suggestion was made that the guild might be dying and that its purpose might need to be changed, the board members responded with ideas for events they could sponsor to keep it alive. It seemed they were reluctant to accept the death of the organization that was so important to them alone.

FULFILLMENT IN CLOSURE

People involved in pastoral ministry have to be especially aware of the lack of cabooses in their own lives. So often, ministers feel energetic and excited about dealing with new situations and events, only to eventually go into a sort of limbo. Many times, pastoral counseling never involves a caboose, or a formal ending. People come to the minister for assistance for many reasons, but many stop coming because they become discouraged or uninterested, and there is no closure on the issues that brought them into the office in the first place. This has a direct effect on the minister’s sense of success and completion in ministry.

In talking to pastoral ministers about what they do with their personal time, I have found that many become involved in hobbies or activities that involve closure. It seems that what they don't receive in their ministry or work, they attempt to obtain in their private lives. Day-off activities such as biking, golfing, cooking, visiting friends, and hiking, to name a few, have a definite conclusion.

Recently, I spent a day in Lancaster County, Ohio, where the largest population of Amish people live. Friends and I set off to take a twelve-mile ride

on a restored train. As we approached the train, I was happy to see a caboose attached to the third and final passenger car. There was something complete, whole, and fulfilling about seeing the end of the train. No white strobe light needed there; I knew the end of the train when I saw the caboose.

Father Michael D. Ausperk, M.Div., was ordained a priest in 1989 for the Diocese of Cleveland and is currently the associate pastor of Saint Joseph Church in Amherst, Ohio.

Cancer Research Focuses on Family History

Scientific research has shown that one out of every four Americans eventually develops some type of cancer, and that environment, life-style, and heredity combine to create malignancy. By itself, family history does not determine whether a given individual will get cancer. However, the *Johns Hopkins Medical Letter: Health After 50* reports that "perhaps 5 to 10 percent of common cancers—among them breast, ovary, colon, and skin cancer—occur in family clusters and are due to a suspected inherited susceptibility." Examples of inherited tendencies include the following:

- Women with a family history of breast cancer are more likely to develop it themselves. Seven percent of all breast tumors are considered hereditary.
- Men with a father or brother who had prostate cancer are at least two times more likely to develop it themselves.
- Women who have a relative with breast cancer are at almost double the average risk of developing ovarian or endometrial cancer.
- Men with a relative who had breast cancer are at a 50 percent higher than average risk of developing prostate cancer.
- Relatives of those with melanoma are at increased risk of having that disease. An estimated 10 percent of patients with melanoma have a family history of it.
- Women with two close relatives who had ovarian cancer have up to a 50 percent chance of developing it themselves.

The *Johns Hopkins Medical Letter* says that the figures above highlight the importance of knowing your family's medical history—for your own sake and for that of your children and other family members. If you

or they are at risk, "you can take extra precautions and follow early detection guidelines. This will ensure a greater likelihood of cure," should cancer appear.

Doctors generally ask their patients about their family histories when they first come for treatment. But research has shown that doctors usually inquire only about the illnesses of their patients' parents, not about those of other relatives. Consequently, the following guidelines are suggested for patients:

- Write down your family cancer history. Begin with information on your first-degree relatives: parents, siblings, and children. Note each individual's diagnosis, age, and whether or not he or she has died. Also, get information on grandparents, aunts, and uncles if you can.
- Present this family history to each new physician you visit. It may affect the screening program designed for you. For some familial cancers, such as colon cancer and melanoma, screening may be done more frequently for persons at high risk.
- Follow cancer prevention guidelines diligently. These are important for everyone, but especially so for those with a family history of cancer.
- Consult a geneticist. Ask your physician for a recommendation, or call a nearby medical school.
- Join a cancer registry. Many hospitals keep registries for research purposes, but patient-centered registries are currently being developed. Most are targeted to a particular type of cancer. Counselors associated with these registries give participants a personal risk profile, provide screening and preventive advice, and do long-term follow-up. You can call the National Cancer Institute at 1-800-4-CANCER for a list of registries.

BOOK REVIEWS

Through Family Times: A Conversational Prayerbook for Today's World, by Ginger Parry. New York, New York: Paulist Press, 1993. 86 pp. \$4.95.

Rules for Prayer, by William O. Paulsell. New York, New York: Paulist Press, 1993. 151 pp. \$9.95.

A Helping Hand: A Reflection Guide for the Divorced, Widowed, or Separated, by James L. Horstman and Van T. Moon. New York, New York: Paulist Press, 1993. 126 pp. \$8.95.

Here are three short titles from Paulist. Ginger Parry, a parent and teacher, has written a collection of informal prayers in verse to cover the varied moments—from crisis through ordinariness to celebration—of family life. *Through Family Times* is a terrific idea: prayers for couples (including those in second marriages), prayers for kids (including stepchildren), prayers for times of unemployment touch specific situations not typically covered in prayer books of earlier times. The prayers are short (typically, two to four stanzas of four lines in *abcb* rhyme) and not especially profound or eloquent, but they are obviously heartfelt and aim to help an audience too often neglected. The publisher should have provided a table of contents, index, or both; without them one has to root through the volume to find a particular topic in time of need.

William P. Paulsell, former dean and president of Lexington Theological Seminary, has written *Rules for Prayer* in response to people who have asked him how to develop a more serious prayer life, and also to introduce some of the greatest teachers of

prayer in Christian history. He approaches the field from varied topics (how to pray, maintaining a prayer life, prayer and social action, writing a personal prayerbook) and develops each from the writings of three or four master teachers. These range from the Didache (150 A.D.), through Origen, Benedict, Ignatius, Wesley, and others, to such contemporaries as Dorothy Day, Thomas Merton, Dietrich Bonhoeffer, and Martin Luther King. The teachers are introduced in historical context, and their contributions are summarized. I myself would have preferred an anthology of longer excerpts from the writings of each, but that is not the book Paulsell set out to write. His citations of sources at the end of the book give directions for finding and exploring the original writings.

A Helping Hand is written by two men working in ministry to the divorced, separated, and widowed—a large, disparate, and often spiritually undernourished group. The book is an adaptation, for individual use, of an earlier volume (*Helping Hands*) designed for use by a support group. Directions are given for journaling, and fifty topics for exploration are listed—not in any hierarchical order, but simply to cover the areas of life in which an individual might need healing. Grief, self-esteem, sexuality, trust, single parenting, values, and other topics are introduced through a scriptural prayer and developed in a paragraph of prayer/meditation, as well as through questions raised for reflection.

Journaling is the essence of the process. Unfortunately, although the authors state that they include a list of “feeling words” and emphasize its importance for effective use of the book, no such list is referenced in the table of contents, and I was not able to find it anywhere in the book.

Paulist has done a great service to its readers over the years by publishing well-edited, well-produced, reasonably priced, and useful volumes. Because of the noted deficiencies, however, two of these three books fall short of Paulist’s usual standards.

—Jon J. O’Brien, S.J., D.O.

Listening to Prozac: A Psychiatrist Explores Antidepressant Drugs and the Remaking of the Self, by Peter D. Kramer, M.D. New York, New York: Viking Press, 1993. 409 pp. \$23.00.

Peter Kramer is a bright, reflective, and articulate practicing psychiatrist. Trained at Harvard University, he is a member of the Brown University faculty and writes a monthly column for a psychiatric trade paper. *Listening to Prozac* is a well-edited collection of his reflections on the relationships between nature and nurture, mind and body, personality formation, genetics, biochemistry, and pharmacology.

It is about forty years since Thorazine (chlorpromazine hydrochloride), the first pharmacological agent effective against schizophrenic psychosis, came onto the American scene and liberated thousands of patients from their dreadful imprisonment by that disorder. Unhappily, not all psychoses respond to Thorazine or the antipsychotic agents later developed. And for some patients these agents bring unpleasant and sometimes debilitating side effects. The antipsychotic drugs were followed shortly by the first antidepressants and by lithium carbonate for bipolar diseases, and paralleled by the benzodiazepines (Valium and its family of anti-anxiety agents). Kramer gives a brief, readable summary of this fascinating chapter in medical history—so much suffering relieved.

His focus, however, is on Prozac (fluoxetine hydrochloride), which the U.S. Food and Drug Administration approved for sale on the American market as an antidepressant in the mid-eighties. Touted first as having fewer side effects (particularly cardiovascular) than earlier antidepressants, it quickly became widely prescribed and widely used.

Well over five million Americans have taken this

antidepressant. It got public notoriety when some people (most noisily, the Scientologists) accused it of encouraging suicidal impulses. That accusation has been put to rest; the risk is substantially the same when the inactivity of a depression lifts and a person is reenergized enough to put a suicidal impulse into action, whether that lifting is due to antidepressant medication or is simply the natural course of events for a person receiving no such medication.

Kramer's interest centers on additional changes of personality that he has seen in people who were given Prozac when they were "mildly depressed," or not depressed enough to meet the strict medical indications for the medication. A number of his patients have been energized enough by the medication to overcome long-standing problems or limitations of action and to be able to continue with their lives on a higher and more effective plane. This raises for him such questions as, What does it mean when a capsule with breakfast makes a shy person outgoing? What does it mean when a pill alters what we think of as personality, not illness? Can a drug response tell us what is character and what is biological happenstance? What is self?

Some of the more interesting chapters detail patient presentations and reactions to the medication and Kramer's speculations on possibilities for our psychopharmacological future. Can we—should we—develop the equivalent of plastic surgery's "tummy tucks" and "nose jobs" for personality? ("Cosmetic pharmacology" is the provocative term he suggests for such treatment.)

Listening to Prozac is an intelligently written and skillfully crafted book. It gives the reader an excellent overview of our progress in psychopharmacology, and it raises and discusses important philosophical and ethical questions. It is a "good read," though not always an easy one. There are substantial reasons why the book is selling widely. I would guess it will probably be out in paperback in 1994.

—Jon J. O'Brien, S.J. D.O.

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